



Immune Assessment Core

Flow Cytometry and Sample Processing Service Request Form

1000 Veteran Avenue, Room A-538
Los Angeles, CA 90095-1735
Phone: (310) 825-0287

Please submit by e-mail to mrossetti@mednet.ucla.edu prior to delivering your samples.

INVESTIGATOR INFORMATION		
Principal Investigator:	Phone:	Email:
Institution/Department:		Dept. Code:
Street Address:		
City:	State:	Zip Code:
Research Coordinator:	Phone:	Email:
BILLING INFORMATION		
Department Name:		Department Code:
Contact Person for Billing:		Billing Phone:
Recharge ID(4-Characters):	Grant & Fund Acct #:	Fund Period (mo/yr-mo/yr):
EXPERIMENTAL INFORMATION		
Date of Request:		Project IRB#:
Project Name and Description:		
Assay Selected :		
Immunophenotyping:		
<input type="checkbox"/> Lineage panel	<input type="checkbox"/> Treg panel	<input type="checkbox"/> T cell Activation/Exhaustion panel
<input type="checkbox"/> DC panel	<input type="checkbox"/> B cell panel	
<input type="checkbox"/> Other panel (please specify below): _____		
Anti-viral intracellular cytokine staining: <input type="checkbox"/> T cell (CD4+ and CD8+) <input type="checkbox"/> NK cell (CD56+ and CD8+)		
Stimuli:		
<input type="checkbox"/> CMV	<input type="checkbox"/> EBV	<input type="checkbox"/> BK virus <input type="checkbox"/> PPD
<input type="checkbox"/> Other (please specify): _____		
Readouts:		
<input type="checkbox"/> INF-gamma	<input type="checkbox"/> IL-10	<input type="checkbox"/> IL-2 <input type="checkbox"/> TNF-alpha <input type="checkbox"/> CD107a
<input type="checkbox"/> Other (please specify): _____		
Direct and indirect allo-recognition assay:		
<input type="checkbox"/> Direct allo-recognition assay <input type="checkbox"/> indirect allo-recognition assay		
Blood Sample processing:		
<input type="checkbox"/> serum or plasma processing only		
<input type="checkbox"/> cell and plasma processing and cryopreservation		
<input type="checkbox"/> -80°C storage	<input type="checkbox"/> liquid nitrogen cell storage	
Other comments or other services requested:		

Please fill out sample information on this page

Sample #	Sample ID	Cell #	Volume (μ L)	Comments