

Flow Cytometry/Cell Sorting & Confocal Microscopy Core Facility

170 Frelinghuysen Road, Piscataway, NJ 08854 | (848) 445-0211 | EOHSI – Room 346/347, Pharmacy –Room 002

www.flowcyt.rutgers.edu

Contact Information

Name of P.I.: _____ P. I. Phone No.: _____

User Name: _____ User Phone No: _____

Company/Department: _____

Email Address: _____ Mailing Address: _____

User Information

Instrument to Use (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Gallios/FC500 Analyzer | <input type="checkbox"/> CytoFLEX Analyzer |
| <input type="checkbox"/> MoFlo Cell Sorter | <input type="checkbox"/> Confocal Microscope |

Your Role (check one):

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> P.I. | <input type="checkbox"/> Post-Doc | <input type="checkbox"/> Undergrad Student |
| <input type="checkbox"/> Research Staff | <input type="checkbox"/> Grad Student | |

P.I. Affiliation

- Environmental & Occupational Health Sciences Institute
- Laboratory for Cancer Research
- Rutgers Biomedical and Health Sciences
- Rutgers Cancer Institute of New Jersey
- Industry _____
- Other _____

Billing Information

Your project title and grant information are very important to us as we need this information for our quarterly usage reports. Please be as complete and accurate as possible when filling in these items. Please see your PI if you are unsure of this information. You may be asked to update this section periodically.

Project Description/Grant Title: _____

Funded By (NIH, NIES, ACS, etc.): _____ Grant Number _____

Check one:

- Peer Reviewed Grant
- Non-Peer Reviewed Grant

Other Information

Administrator Name: _____ Administrator Email: _____

P.I. Signature: _____ Date: _____