

# Flow Cytometry/Cell Sorting & Confocal Microscopy Core Facility

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[www.flowcyt.rutgers.edu](http://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"/> Axioscan |
| <input type="checkbox"/> Astrios 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: \_\_\_\_\_