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Flow Cytometry Core Facility

Core Facility Manager

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Cell Sorter User Sheet

Experimenter: _____	Phone: _____
Principal Investigator _____	Fax: _____
Institute: _____	E-mail: _____

FACS Cell Sorting

Cell Type

- Primary Material _____
Please specify
- Cell Culture
- Cell Line _____
Name

Species

- Human
- Mouse _____
- Rat
- Other _____

Fluorescent Probes

- FITC APC
- GFP APC-Cy7
- PE Cy5
- PE-Cy5 Pacific Blue
- PerCP Hoechst / DAPI
- PI Other _____

Laser Excitation Selection

- 488 nm 407 nm
- 633 nm

Conditions

- Sterile S1
- Non-sterile S2 _____
Please specify

Buffer used to resuspend the cells:

- PBS (w/o Ca²⁺/Mg²⁺)
- Other: _____

Does the buffer contain any additives?:

- BSA/FCS _____ % EDTA _____ mM
- Other: _____

Population Statistics

Number of cells submitted: _____
(Recommended cell density: 1x10⁷ cells / ml)

Number of cells required: _____

% of pos. cells (approx.): _____

Sort Parameters

- Single Cell Tubes
- Bulk Cells _____ well plate

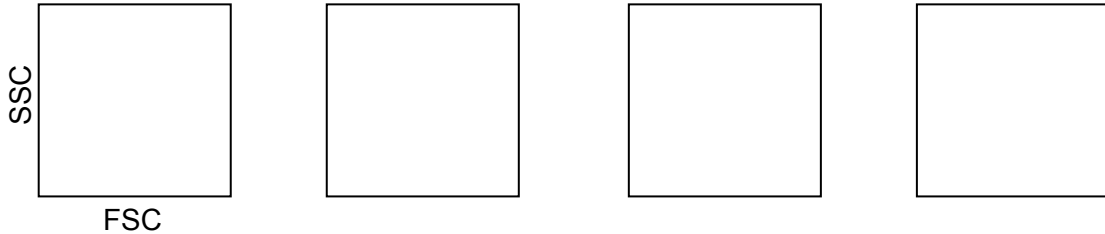
Temperature Control during Sort

- Room temperature 4°C 37°C

Flow Cytometry Core Facility - Cell Sorter Information Sheet

Sort Layout

Please enter populations, gating strategy and fluorochromes or add previous FACS printouts.



Target populations according to sort layout (please specify, eg. CD4 FITC+/CD25 PE+/CD19 APC neg)	~ % Cells within sample	~ Number of cells needed after sorting
<input type="checkbox"/> 1		
<input type="checkbox"/> 2		
<input type="checkbox"/> 3		
<input type="checkbox"/> 4		

Utilization of cells after sorting

- Cell culture / sterile experiment Mol. Biol. analysis
 Other _____
Please specify

Mandatory requirements

- Cells have been filtered through a 40 µm nylon mesh
 All necessary controls are included: Cells only (no stain)
 Single color controls for each fluorochrome

NO SAMPLES for CELL SORTING will be accepted without appropriate controls and without prior consultation with a core employee.

I certify that the samples contain no infectious or hazardous materials, both for man and mouse.

Authorized signature Operator Core Facility Request date