**Part 1:  Biosafety Registration**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of sort: |  | User: |  | Phone # |  | PI: |  |

1. What is the Biosafety Level (BSL) assigned to these cells?  **1  2**

*The Office for Research Protection (ORP)* ***must verify IBC approval*** *for Risk Group 1 agents if rDNA research is involved, and Risk Group 2 and higher.*

1. Have your cells been approved by the Penn State IBC?  **NO  YES  NA**

If Yes, Please list IBC protocol Number and IBC Protocol Expiration date and continue to complete the form.

|  |  |
| --- | --- |
| IBC Protocol Number: |  |
| IBC Protocol Expiration Date: |  |

1. Cell type, origin, and Cell Diameter: **µm**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Animal | Human | Microbe | Plant | Other(please list) |
|  |  |  |  |  |

1. Name (species, strain, etc.):

|  |  |
| --- | --- |
| Primary (if cultured, list # of days): |  |
| Origin (i.e., marrow, blood, tissue type)? |  |
| Cell Line, ATCC/DSMZ number(s): |  |

1. Potential infectious agents associated with the material (mark all that apply):

Bacteria Virus Fungi Parasite Rickettsia Other:

|  |  |
| --- | --- |
| Describe: |  |

1. Recombinant agents associated with material (retrovirus, lentivirus, replication competent/defective, tropism, oncogenes, etc.) and recombinant construct used [include name]:

|  |  |
| --- | --- |
| Cost Center to charge: |  |

* **After Completing this document, please forward to** [**mrk226@psu.edu**](mailto:mrk226@psu.edu)**. It will then need to be forwarded to** [**orp-biosafety@psu.edu**](mailto:orp-biosafety@psu.edu) **so their office can verify that the work falls under the approved IBC protocol.**

**Part 2: General Information of Experiment/Sample: (Include for each sample if stained differently)**

1. Briefly describe the purpose of the experiment, list sample and control tubes.
2. Please list the fluorochromes, fluorescent proteins or dyes to be used and the gating strategy. (Contact the facility if you need help)
3. Cell populations to sort (collect) from the sample (up to 6 sub populations from each sample)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Population ID | % of total | # To collect | Markers/Phenotype |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

1. Sample concentration (Recommended: 5 to 25 million cells/ml):
2. Cells are  robust  fragile Cell Size**:** **µm**
3. Number of Samples: ***[Provide unstained, +/- control, FMO and compensation tubes if relevant]***
4. Temperature:  RT  4°C  37°C  other (list)
5. Sorting into:  Collection tubes (*Highlight the size:* 1.5, 5, 15, 50ml) or  multi-well plate

*Needed for instrument set up!*

1. Collection Media: FBS / PBS / Other
2. Sorting Purpose: Culture / Genomics / Cryo

**\*\*\*Please return “Sorting Request Form” to Flow Cytometry Core as soon as possible. Processing of request by ORP will take 1-2 business days.\*\*\***