**Cat 1 form bulk sorting:**

**This form is for requesting the sorting of cells in bulk into tubes. If require single cell deposition into plates please fill in the alternative request form.**

**In filling out this form you agree to adhere to the guidelines set out in the following documents, available in the 'Documents' section of PPMS: “Guidelines for using the cell sorting service” and "Bulk-cell sorting sample preparation guidelines".**

How many samples do you have to be sorted? **\***



The following details should be provided for EACH sample you have for sorting:

Name of cell type: **\***



Species and tissue of origin: **\***



Mode of transfection (if any): **\***



Biohazard category (after transfection if used):**\***

Cat 1

 Cat 2

 Cat 3

Are your samples fixed, if yes how:**\***

Yes

 No



Do you require the sort to be performed under sterile conditions (i.e. will you culture the cells after sorting):**\***

Yes

 No

Please give full details of the labels/fluorescent markers used in your samples: **\***



Cell populations required to be collected (list all): **\***



Expected % +ve of TOTAL cells for each population (this should be based on flow cytometric data): **\***



What controls will you provide, including compensation controls? **\***



How many cells do you require back for each population? **\***



Alternatively, how many cells will you provide for sorting? **\***



Preferred dates for sort (note that at least 1 week notice is advisable): **\***



Please provide example plots to indicate gating strategy at the time of sorting

**CAT 2 form bulk sorting:**

**This form is for requesting the sorting of cells in bulk into tubes. If require single cell deposition into plates please fill in the alternative request form.**

**In filling out this form you agree to adhere to the guidelines set out in the following documents, available in the 'Documents' section of PPMS: “Guidelines for using the cell sorting service” and "Bulk-cell sorting sample preparation guidelines".**

How many samples do you have to be sorted? **\***



The following details should be provided for EACH sample you have for sorting:

Name of cell type: **\***



Species and tissue of origin: **\***



Mode of transfection (if any): **\***



Biohazard category (after transfection if used):**\***

Cat 1

 Cat 2

 Cat 3

**Prior to submitting this form you should have read and signed SOP 249. In submitting this form you agree to adhere to the SOP when submitting samples to the Cell Sorting Facility, and provide the necessary risk assessments.**

Do you require the sort to be performed under sterile conditions (ie will you culture the cells after sorting):**\***

Yes

 No

Please give full details of the labels/fluorescent markers used in your samples: **\***



Cell populations required to be collected (list all): **\***



Expected % +ve of TOTAL cells for each population (this should be based on flow cytometric data): **\***



What controls will you provide, including compensation controls? **\***



How many cells do you require back for each population? **\***



Alternatively, how many cells will you provide for sorting? **\***



Preferred dates for sort (note that at least 1 week notice is advisable): **\***



Please provide example plots to indicate gating strategy at the time of sorting

**Cat 3 form bulk sorting**

**This form is for requesting the sorting of cells in bulk into tubes. If require single cell deposition into plates please fill in the alternative request form.**

**In filling out this form you agree to adhere to the guidelines set out in the following documents, available in the 'Documents' section of PPMS: “Guidelines for using the cell sorting service” and "Bulk-cell sorting sample preparation guidelines".**

How many samples do you have to be sorted? **\***



The following details should be provided for EACH sample you have for sorting:

Name of cell type: **\***



Species and tissue of origin: **\***



Mode of transfection (if any): **\***



Biohazard category (after transfection if used):**\***

Cat 1

 Cat 2

 Cat 3

##### We are unable to accept biohazard category 3 samples for sorting

**Cat 1 single cell sorting form:**

**This form is for requesting sorting cells into 96/384 well plates ONLY. Please fill in the 'Bulk Sort' request form for other sorts.**

**In filling out this form you agree to adhere to the guidelines set out in the following documents, available in the 'Documents' section of PPMS: “Guidelines for using the cell sorting service” and "Single-cell sorting sample preparation guidelines".**

Total number of SAMPLES to be sorted: **\***



Please provide details below for EACH sample

Name(s) of cell line(s) for EACH sample:: **\***



Species and tissue derived from for EACH sample:: **\***



Mode of transfection for EACH sample:: **\***



Biohazard category (after transfection) for EACH sample::**\***

Cat 1

 Cat 2

 Cat 3

Number of 96 well plates to be collected for EACH sample: **\***



Cell population to be collected for EACH sample::**\***

 Any single cell

 GFP +ve

 mCherry +ve

 other (please give details below)



Percentage of cells expected to be +ve for fluorescent marker: **\***



Please give details of controls that will be provided: **\***



Preferred dates for sort (note that at least week notice is advisable): **\***



Please provide any additional information below:



**Cat 2 single cell sorting form:**

**This form is for requesting sorting cells into 96/384 well plates ONLY. Please fill in the 'Bulk Sort' request form for other sorts.**

**In filling out this form you agree to adhere to the guidelines set out in the following documents, available in the 'Documents' section of PPMS: “Guidelines for using the cell sorting service” and "Single-cell sorting sample preparation guidelines".**

Total number of SAMPLES to be sorted: **\***



Please provide details below for EACH sample

Name(s) of cell line(s) for EACH sample:: **\***



Species and tissue derived from for EACH sample:: **\***



Mode of transfection for EACH sample:: **\***



Biohazard category (after transfection) for EACH sample::**\***

Cat 1

 Cat 2

 Cat 3

**Prior to submitting this form you should have read and signed SOP 249. In submitting this form you agree to adhere to the SOP when submitting samples to the Cell Sorting Facility, and provide the necessary risk assessments.**

Please provide the risk assessment number (as listed on the SLS safety database) for the biological agents being used **\***



Number of 96 well plates to be collected for EACH sample: **\***



Cell population to be collected for EACH sample::**\***

 Any single cell

 GFP +ve

 mCherry +ve

 other (please give details below)



Percentage of cells expected to be +ve for fluorescent marker: **\***



Please give details of controls that will be provided: **\***



Preferred dates for sort (note that at least week notice is advisable): **\***



Please provide any additional information below:



**Cat 3 single cell sorting form:**

**This form is for requesting sorting cells into 96/384 well plates ONLY. Please fill in the 'Bulk Sort' request form for other sorts.**

**In filling out this form you agree to adhere to the guidelines set out in the following documents, available in the 'Documents' section of PPMS: “Guidelines for using the cell sorting service” and "Single-cell sorting sample preparation guidelines".**

Total number of SAMPLES to be sorted: **\***



Please provide details below for EACH sample

Name(s) of cell line(s) for EACH sample:: **\***



Species and tissue derived from for EACH sample:: **\***



Mode of transfection for EACH sample:: **\***



Biohazard category (after transfection) for EACH sample::**\***

Cat 1

 Cat 2

 Cat 3

**We are unable to accept biohazard category 3 samples for sorting**