



Core Unit Cell Sorting und Immunomonitoring

Registration of a project for flow cytometric sorting

Surname:	First Name:
E-mail:	Phone number:
Institute:	Working Group:
Principal Investigator:	Invoice Address:
Description of the experiments (Title, organism, organs, cell types, etc.):	
Classification under the Genetic Engineering Act: S1 ja/yes ☐ nein/no ☐ S2 ja/yes ☐ nein/no ☐ If so, please fill out the section below	Have the samples been tested for human pathogenic viruses/microorganisms? (HIV, HBV, HCV, EBV, etc.) Ja/yes ☐ nein/no ☐
Principal Investigator under the Genetic Engineering Act Donor organism: Recipient organism: Altered genes GMO designation:	Which known human-pathogenic microorganisms/viruses are present in the sample/material, or could potentially be contained therein?
I consent to the extraction of sorted cells for sort verification: yes ☐ no ☐ (Without this consent, subsequent complaints regarding the sort cannot be considered, as the causes cannot be clearly determined afterward.)	
Registration confirms that the user regulations of the Cell Sorting Core Unit have been carefully read and are fully accepted.	
Signature of Principal Investigator	Signature of the experimenter

Precise specification of the sorting

Sorting title:			
Origin of the sample material used and the cell type to be sorted:			
Number and designation of the fluorochromes used:			
Nr.	Fluorochrome	Markers	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Description of the target populations to be sorted:			
Nr.	Description (Antibody combinations)	% with in the entire sample	minimum required quantity
1			
2			
3			
4			
Required purity (please tick on the scale):			
high purity intermediate low purity high cell loss/ low yield low cell loss/ high yield			
Total number of cells in the sample:		Number of samples	
Sorting in tubes yes ☐ no ☐		Sorting in: ☐ _____-Well-Platte/plate ☐ _____	Single-cell sort yes ☐ no ☐
Sorting is to take place at ☐ Room temperature ☐ 37°C ☐ 4°C ☐ _____°C			