Cytometry and Cell Imaging Laboratory (CCIL) Intake Form **Email Address** Name Date Please provide a brief description of your project Sample/Cell Type(s) When do you expect to have samples ready? Part A - Requests for Training Which equipment would you like access to? Please select all that apply. Microscopes **Flow Cytometers** Slide Scanners Attune NxT Aperio AT2 LSM 880 Confocal Pannoramic 250 Aurora **EVOS M5000** I have done fluorescence microscopy Please list which microscopes you have used I have done flow cytometry Please list which flow cytometers you have used I have done whole slide scanning

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Part B -	Request tor	Cell Sorting and	CVTOF Services

Do you require sorting or CyTOF related services? Sorting CyTOF

For CyTOF, do you plan to use the MDIPA kit? Yes No

Please list which whole slide scanners you have used

If no, do you have a panel in mind? No Yes, please attach an Excel listing the marker and tags

For Sorting, please list your potential panel, including the viability dye.

Marker	Antibody Clone (optional)	Tag (Fluorophore)

Are there any attachments to this form (e.g. additional sheet for the panel)? No Yes

If you have any additional information, comments, or questions, please include them in the submit email