

University of Florida

ICBR Cytometry Sorting Contract

PLEASE READ AND SIGN IN ITS ENTIRETY

By signing this contract, you are adhering to the following terms:

1. I have met with and/or have had communications with an ICBR Cytometry team member regarding my project and my goals for sorting.
2. I have clearly stated in my Sort Request (iLAB):
 - a. What my sample is coming from (i.e. human, mouse, spleen, bone marrow, etc.)
 - b. Total number of sample tubes.
 - c. Total number of cells per sample. (Estimate)
 - d. Total Volume of liquid in each sample tube.
 - e. The number of fluorophores in my panel and their names respectively.
 - f. My Project Goals.
 - g. Which Experimental Controls are included. (Unstained, single stained, FMO, Isotype, etc.)
 - h. Any Scheduling Considerations. (Preferred dates, unavailable days, time of day, etc.)
 - i. Whether or not there are any biosafety considerations for my project.
3. I acknowledge that ICBR Cytometry staff reserves the right to refuse sorting if THE NUMBER OF SAMPLES I BRING IS GREATER THAN THE NUMBER I STATED IN MY SORT REQUEST. Staff reserves the right to stop the sorting at the number of tubes STATED IN THE REQUEST. (EXAMPLE: I said I would bring 4 SAMPLE tubes but I brought 10 SAMPLE tubes, ICBR staff will only sort 4.)
4. I acknowledge that ICBR Cytometry staff reserves the right to refuse sorting if I Bring a panel that is different than/in addition to what I have stated in my sort request.
5. I acknowledge that ICBR Cytometry staff has notified me of optimal sorting rate/efficiency. If you wish to sort Faster than Recommended by staff, PLEASE INITIAL HERE: _____

X

(Sign and Date Here)

X

(Please have Staff Member
Sign and Date Here after
consult meeting)