

Flow Cytometry Platform Registration



Please complete and return this form to [FCCF](#) in order to obtain access to the flow cytometry facility. You have to attend the theoretical and practical courses to have access to the facility and the reservation site. For more information visit our [website](#).

* = These fields are required

Personal Information

Contact:

*First Name	<input type="text"/>	E-Mail: sv.cytometry@epfl.ch
*Last Name	<input type="text"/>	Phone: +41 21 69 30901
*E-mail Address	<input type="text"/>	Web: fccf.epfl.ch
*Faculty/Laboratory	<input type="text"/>	Twitter: @Cytometry_EPFL
*Group Leader	<input type="text"/>	

Experience

*Experience in Flow Cytometry	<input type="radio"/> Yes <input type="radio"/> No	If Yes: Where?	<input type="text"/>
Request training for which instrument?	<input type="checkbox"/> Accuri-C6 <input type="checkbox"/> Gallios <input type="checkbox"/> LSRII / Fortessa <input type="checkbox"/> Attune NxT	If Yes: Previous experience in Flow Cytometry	<input type="checkbox"/> Fluorescence proteins: GFP, RFP, mCherry... <input type="checkbox"/> Basic multicolour: 1 - 3 colours <input type="checkbox"/> Multicolour: 4 to more colours <input type="checkbox"/> Cell Cycle <input type="checkbox"/> Other <input type="text"/>
*Future experiences in Flow Cytometry	<input type="text"/>		

Please provide some information about the applications and sample types you plan to use

*Date and time desire for a meeting	<input type="text"/>	to be confirmed
-------------------------------------	----------------------	-----------------

Agreement

With my signature I confirm the accuracy and completeness of the information I have provided above. By submitting this form I accept the billing and understand and accept the rules of the Flow Cytometry Facility. (Sign after the meeting)

User	To be fill by the staff:	
Date	Theoretical Course Attend:	Date:
Signature	Practical Course Attend:	Date: