

Flow Cytometry Laboratory, John G. Rangos Research Center (rangoscytometry@pitt.edu)
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WORK REQUEST AND DISCLOSURE FORM (revised 08/24/2023)
 ALL USERS MUST COMPLETE THIS FORM

CLIENT INFORMATION			
PI name:		Name of PI-authorized user:	
Department, specify if Pitt, UPMC or CHP:		Lab Location:	
		Phone:	
Other Institution, specify in full:		User Email:	

BILLING INFORMATION: INDICATE THE FULL ACCOUNT (COST CENTER) NUMBER		TYPE OF WORK REQUESTED (Yes/No)	
Pitt		Self-user analysis	
UPMC		Staff-assisted analysis	
CHP		Cell sorting, Staff-assisted	
Other: Cost center		Cell sorting, Super-user	
Other: PO#			
PO Billing Contact		TIME (HOURS) REQUIRED:	
PO Billing Contact			

DISCLOSURE		BIOLOGICAL AND/OR CHEMICAL HAZARDS	
Species, indicate if human, mouse, etc.:		(Fill exact identity/name of hazard)	
		Virus-infected/transfected:	
IF non-human primate , SIV infected (Yes/No):		Bacteria-infected:	
		Fungus-infected:	
IF human , healthy (Yes/No):		Parasite-infected:	
IF human , patient (Yes/No):		Recombinant DNA/RNA:	
IF human , cell line (Yes/No):		Plasmid, siRNA, miRNA:	
IF human , HIV or HBV:		CrispR, Lentivirus, etc.:	
IF HIV or HBV , test result and date tested:		Chemical (e.g. PI, mutagens, mercaptoethanol, etc.)	

FIXATION (fixed or unfixed):		BIOSAFETY LEVEL (1,2,2+):	
Type of fixative:		ALL BSL 2+ must supply the following:	
Date fixed:		IBC # , approval date:	
		IRB/PRO # , approval date	
		IACUC #, approval date	

USER CERTIFICATION: All information I supplied in this form is true and correct. I am a designated cytometry user by my PI, and compliant with University guidelines for responsible conduct of research.

USER NAME:		SIGNATURE:		DATE:	
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