

ONLY FOR SORTER-LAB USE

Name:	Phone:
Dept./OE:	E-Mail:
Group/PI	Kostenstelle/Fonds#:

date
 time
 estimated duration

Requested date and time for sorting:

Biohazard: **untested human** **infectious** **S2**

Sorter:

Starting time: End time:

Delays not caused by user: Interruptions:

Charged consumables: Cell Strainer 5ml: others:

Sort protocol (cell numbers, remarks)

Staining:
Populations to be sorted:
Sample volume (approx.):
Special requirements:

