

## Flow Cytometry and Sorting Facility User Access Request Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Brief Description of Research: \_\_\_\_\_

Previous Flow Experience: \_\_\_\_\_

### Listing of Biohazard, Pathogenic or other possible safety hazards:

Please note that this is a Biosafety Level 1 facility.

Primary Investigator: \_\_\_\_\_

Department: \_\_\_\_\_

Brown Account # \_\_\_\_\_

(If you do not have a Brown Account for billing purposes, please contact the Facility)

Billing Contact Name: \_\_\_\_\_

Billing Contact Address: \_\_\_\_\_

Billing Contact Phone #: \_\_\_\_\_

Billing Contact Email: \_\_\_\_\_

Primary Investigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this User Access Request Form, you agree to adhere to all safety regulations required by Brown University and this Facility and to accept charges for training, consultation, and equipment use from the Brown University Flow Cytometry and Sorting Facility. (Please note that it is the responsibility of the user to update any information changes including billing.)

Submit to:  
Flow Cytometry and Sorting Facility  
BioMed Center Room 604  
Box G-B604

Phone: 401-863-6396  
Fax: 401-863-2925  
Email: Flow\_Cytometry\_Facility@brown.edu

Internal Use Only

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Facility PI #: \_\_\_\_\_ Facility User #: \_\_\_\_\_