

CytoFLEX mosaic 63 Spectral Analysis - Project Inquiry Form

Core Facility Flow Cytometry (CFFC), University of Salzburg

Please complete as far as possible. Unknown items can be discussed with the CFFC team.

This form is used to assess feasibility, plan spectral flow cytometry acquisition on the CytoFLEX mosaic 63 Spectral Analysis instrument, and prepare a project-specific service fee estimate. Submission does not constitute a binding quotation.

1. Contact and project information

Project title

Principal investigator / group leader

Primary contact

Institution / department

E-mail

Phone

Billing contact / cost center (if applicable)

Funding source / grant

Project summary / biological question

2. Requested CytoFLEX mosaic 63 Spectral Analysis workflow

Requested service (select all that apply)

☐ Sample acquisition / spectral flow cytometry

☐ Panel / fluorochrome consultation

☐ Spectral unmixing setup / controls

☐ Instrument training / assisted measurement

☐ Other / non-standard workflow

Expected number of samples

Expected number of acquisition sessions

Preferred / required project timing

Samples expected ready by

Is this project time-critical?

☐ Yes

☐ No

If yes, explain:

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Sample information is essential for assessing compatibility, controls, acquisition setup and scheduling.

3. Sample and experimental information

Species / source ☐ Human ☐ Mouse ☐ Other:

Sample type ☐ Cells ☐ Blood / PBMC ☐ Dissociated tissue ☐ Other

Cell / tissue type(s)

Sample preparation / treatment / condition

Approx. cells per sample Approx. volume per sample

Fixation / preservation ☐ Fresh / live ☐ Fixed ☐ Cryopreserved ☐ Other

Known autofluorescence or unusual sample properties

4. Fluorochrome panel and controls

Panel status ☐ Final panel ready ☐ Draft panel ☐ Advice requested

Number of colors / markers Panel / experiment name

Fluorochromes / markers (attach panel list if available)

Controls available (select all that apply)

☐ Unstained ☐ Single-stain controls ☐ FMO controls ☐ Control beads

☐ Viability control ☐ Other:

Fluorochrome / antibody / reagent concerns or notes

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Biosafety, instrument requirements and attachments help define the final project scope and scheduling.

5. Biosafety and sample restrictions

Human-derived material?

☐

Yes

☐

No

Ethics approval / reference

Biosafety level / infectious material / handling restrictions

6. CytoFLEX mosaic 63 acquisition requirements

Desired acquisition endpoint / event count per sample

Special acquisition requirements

☐

Rare / low-frequency population

☐

High sample throughput

☐

Temperature-sensitive samples

☐

Other special handling

Additional acquisition notes

7. Attachments and additional information

Please attach, where available:

☐

Fluorochrome / antibody panel

☐

Sample preparation protocol

☐

Control strategy / control list

☐

Other relevant sample information

Additional comments or questions for CFFC

Next step

Submit the completed form and relevant attachments to the CFFC team. The team will review project feasibility, panel and control requirements, sample handling, instrument requirements, personnel needs and scheduling. Project-specific pricing can then be provided.