Flow Cytometry Run Sheet

Experiment: _____

Date: _____ Investigator: _____

Cell Type: _____

Please check one: Analysis _____ Sort _____ Data Analysis _____

Tube	Sample Name and Concentration of cells	1° Ab(s) Fluorochrome	2° Ab(s) Fluorochrome	Number of Events needed	Time	Comments

Data File: _____ Time Used: _____ Charge: _____