**Stanford Shared FACS Facility User Registration**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Stanford or company Mailing Address:</th>
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</table>

Principal Investigator or Laboratory:  
Work Location:  
New User?  
YES  NO

Previously registered user?  
If so, list name of previous Dept/Lab  
Is your PI a Dept. of Medicine?  
YES  NO  
Is your PI a Stanford Cancer Center Member?  
YES  NO

SUNET ID:  
(If you are non-Stanford, a sponsored account will be set up for you.):  
Email:  
Phone (W)  
Phone: (H)

Brief description of analyses or sorts:

<table>
<thead>
<tr>
<th>Biohazard level of samples (circle one):</th>
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<tbody>
<tr>
<td>BSL-1  BSL-2</td>
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The Stanford Shared FACS Facility is a BSL-2 facility. All users are required to wear gloves, lab coats, close toed shoes, and appropriate PPE (personal protective equipment) for their applications.

User Initials:  
PI Initials:

If level 2, Stanford researchers and affiliates please submit Stanford APB specifying FACS use.  
**Biohazard level 2 APB number ______________ & APB expiration date: ______________**

For BSL-2 complete the following:

Human samples fixed?  
YES / NO / BOTH  
Human sample screening?  
YES / NO  
Virus is LIVE / DEAD  
Animals housed in biohazard rooms in RAF1?  
YES / NO

Brief description of your type of biohazard:

Stanford Account Number (PTA) to be charged (or PO#)  
Exp. Date:  

Account Administrator:

<table>
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<tr>
<th>Name:</th>
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<th>Phone:</th>
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Signature of Principal Investigator: (required)  
Date:

FAX completed form to: 650-724-1019 or email to Tom Nozaki: nozaki@stanford.edu If you are a company, please include a hard copy Purchase Order with you Reg. form.