

FLEMING FLOW CYTOMETRY LAB
Experiment Description Sheet

Date	Name	
Cell type/Source	Fresh	Fixed
Cells/ml	Volume	
Experiment Title		
Viruses/other hazards		
PI signature		

Clearly indicate all controls and samples

Tube #	Description	Fluorochrome/probe
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		