Dana-Farber Cancer Institute
Cytometry Cores

CyTOF XT Sample Submission Form

Name:

Date of Reservation:

Institute:

Lab:

Template Name:

Bead Type *(Circle your answer)* :
EQ6 (*Default*) or EQ4 (*MDIPA*)

Provide general notes below (concatenation required?, barcoding?)

Sample Name	# Cells (*≤ 1 million*)	% Viable	NOTES