

LKSKI Flow Cytometry Core Facility - External Investigator Registration

• Investigators must provide documentation that they have Institutional Biosafety approval for use of any biohazardous agents that will be brought into our facility to the satisfaction of our Research Biosafety Officer (BSO- Neha Chauhan Neha.Chauhan@unityhealth.to).

Please email comple	ted forms and an electr	onic copy of your Biosafety odyga Monika.Lodyga@unit	
PI Last Name			
PI First Name			
PI Email			
PI Phone Number Lab			
Designate Email Lab			
Designate Phone			
Invoicing Address Room/Building Street City, Province Postal Code			
Approved lab members who may use this account for Flow Cytometry Core access (please insert additional rows if needed):			
Last Name	First Name	Lab Phone	User Email

All users listed have read and agree to adhere to all Policies of the LKSKI Flow Cytometry Core.