

## Personal Details

|                      |  |
|----------------------|--|
| <b>Name</b>          |  |
| <b>Date</b>          |  |
| <b>Email</b>         |  |
| <b>Phone</b>         |  |
| <b>Group/Company</b> |  |

## Experimental Details

|                                                                              |                                                                                    |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Cell model</b> (organism, cell line)                                      |                                                                                    |
| <b>Sample description</b> (tissue, whole animal, infectious)                 |                                                                                    |
| <b>Fixed samples</b> <input type="checkbox"/>                                | <b>Live cells</b> <input type="checkbox"/> <b>Cooling</b> <input type="checkbox"/> |
| <b>Fluorophores and their excitation/emission maxima</b> (e.g., GFP 488/523) |                                                                                    |
| <b>Compensation</b> Yes <input type="checkbox"/>                             | No <input type="checkbox"/>                                                        |
| <b>Sample format</b> Tube <input type="checkbox"/>                           | Multi-well plate <input type="checkbox"/>                                          |
| <b>Briefly describe your experimental strategy</b> (for internals only)      |                                                                                    |
|                                                                              |                                                                                    |