



**Universität
Zürich**^{UZH}

Institute of Virology
Vetsuisse Faculty,
University of Zurich
Winterthurerstrasse 266a
CH – 8057 Zürich

User Agreement for new users of the CytoFLEX S Flow Cytometer

Name and First name: _____

Affiliation (institute, PI): _____

UZH card number (back n°): _____

1. Introduction to the instrument by Dr. Sintia Winkler (Beckman Coulter)

Date: _____ Signature: _____

2. General introduction to the user rules by Dr. Catherine Eichwald or Bernd Vogt

Date: _____ Signature: _____

User agreement:

- The user confirms that he/she has received the necessary instructions for the appropriate handling of the CytoFLEX S flow cytometer at the Institute of Virology, Vetsuisse Faculty.
- The user agrees to comply with the SOPs of the CytoFLEX S flow cytometer that he/she received by email and that are also posted in the room TPV00.27. In case of any questions and doubts about the use of the instrument, the user has to seek help from the responsible people (Dr. Eichwald and Mr. Bernd Vogt).
- The user understands that misconduct and careless use of the CytoFLEX S flow cytometer will be penalized by any of the responsible people (Dr. Eichwald and Mr. Vogt).

Please hand in the completed form to Dr. Catherine Eichwald to confirm that you fulfill the requirements to use the CytoFLEX S flow cytometer. Only then, you will get access to the instrument and to the instrument-booking calendar.

Signature (user): _____

Date: _____

Signature (Eichwald): _____

Date: _____