

ASSISTANCE REPORT DATE:-

1. Did you require Training Yes ☐ No ☐
2. Did you understand how the instrument works Yes ☐ No ☐
3. Did you understand how the computer software Yes ☐ No ☐
4. Were you happy with the experimental layout Yes ☐ No ☐
5. Were you happy with RESULTS of your experiment Yes ☐ No ☐
6. Did you understand to switch on the instrument Yes ☐ No ☐
7. Did you understand to switch off the instrument Yes ☐ No ☐
8. Did you understand the unblocking protocols Yes ☐ No ☐
9. Overall were you happy with the Assistance & or Training provided by the Flow Cytometry Core Facility Staff Yes ☐ No ☐

10. Comments

11. Signature BLOCK CAPITALS.....

CENTRE SUPERVISOR/PI.....