

Flow Cytometry Core Facility

The Dean's Office for Research And

The OFFICE OF RESEARCH CORE ADMINISTRATION JAY W. FOX, PH.D., DIRECTOR OF RESEARCH INFRASTRUCTURE

Registering for Flow Cytometry Core Access

CONTEXT

WHAT IS THE PURPOSE OF THIS PROCEDURE?

Registering for an external iLab account to gain access to the Flow Cytometry Core Facility

WHEN IS THIS PROCEDURE APPLIED?

When new external users want to utilize the Flow Cytometry Core Facility instruments.

ARE THERE EXCEPTIONS TO NORMAL WORKFLOW FOR THIS PROCEDURE?

N/A

DEFINITIONS:

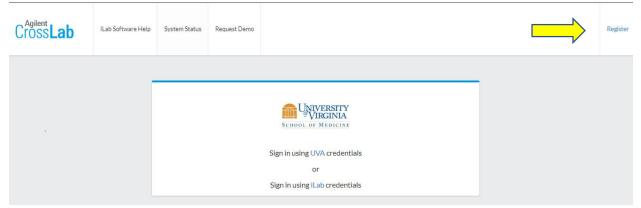
REFERENCES:

iLab: A modular, web-based, asset management software tool designed to support operations for shared resource facilities.

Project Based Biosafety Questionnaire: Flow Cytometry Core requirement based upon the Institutional Biosafety Committee (IBC) review of all University research and teaching activities conducted by faculty, staff, students and/or visiting scientists on University property that involve the use of biological agents.

PROCEDURE

1. Go to <u>https://uva.corefacilities.org</u> and select Register. If you already have an iLab account please go to step #7.



2. Once you click 'Register', it will bring you to the first step of the Registration interface, where you enter your e-mail address, verify the CAPTCHA requirement and agree to iLab's privacy and security policies.

| Start | Personal Information Group Associations | Billing Information |
|-------|---|---------------------|
| | | |
| | You are requesting access to the University of Virginia's service centers. | |
| | * Please enter your institution email address | |
| | 1 | |
| | I'm not a robot | |
| | I agree with iLab's privacy and security policies | |
| | c | ancel Continue |

3. The next step of the process requires you to complete your personal information. The institution field may be pre-populated based on the e-mail address, but this selection can be overridden.

| Start | Personal Information | Group Associations | Billing Information |
|-------|--|--|---------------------|
| | | | |
| | | uesting access to the /irginia's service center | rs. |
| | * First Name | | |
| | 1 | | |
| | • Last Name | | |
| l | Phone Number | | |
| | * I am affiliated with the following institu | ution | |
| | Please type the name of your institu | ution | * |
| | * What is your primary role at the above | ? | |
| | Please select a role | | • |
| | | | Back Continue |

4. Then you will be prompted to indicate the Lab/Group you are associated with. You may enter the group name, PI name, or financial approver and the system will search for a group matching that information. If there is no existing Lab/Group, you can use "Create New Group" to create a new Lab/Group.

| Start | Personal Information Group Associations Billing Information | | | | | |
|---|---|--|--|--|--|--|
| You are requesting access to the University of Virginia's service centers. | | | | | | |
| | • What lab or research group are you associated with? Please type the name of your group | | | | | |
| | Hint: You can also search using your PI or Manager Name Cancel Back Continue | | | | | |

a. If your lab does not show, please select "Create New Group" and fill in your information.

| | You are requesting access to the |
|---|---|
| | University of Virginia's service centers. |
| | What lab or research group are you associated with? |
| | Create New Group |
| Ì | lint: You can also search using your PI or Manager Name |
| | PI's First Name |
| | |
| | |
| | Pl's Last Name |
| | |
| | PI's Email Address |
| | |
| | |
| 1 | I's Phone Number |
| | |
| | Is there another person in your lab who helps manage lab memberships, fund assignments nd spending approval? |
| | No * |
| | |
| | 'Your Group's Name |

5. The final step is the Billing Information, you will be prompted to complete the following information:

| | You ar | e requesting acce | ss to the | |
|-------------|-----------------------------|---------------------------|----------------|------------------------------|
| | Universit | y of Virginia's serv | vice centers. | |
| Billing inf | ormation is required for c | ore facilities to be able | to charge when | necessary. |
| 🖌 Assoc | ciate new billing address t | to my account | | |
| Billing Cor | ntact Name | | | + Institution / |
| | | | | + Institution7 Department |
| * Billing A | ddress | | | + Address line |
| | | | | |
| * City | | | | |
| | | | | |
| State / Pro | wince | | | + Country |
| | | | | |
| * Zip / Pos | tal Code | | | |

- 6. After the final step, your registration can be completed. If your registration meets the following conditions, it will be completed momentarily, you will receive a confirmation e-mail from iLab and the PI and Lab/Group managers will be notified:
 - a. The institution you are registering with already exists in iLab
 - b. The registration e-mail address matches a known institutional domain
 - c. The Lab/Group you are registering with already exists in iLab
 - d. If these conditions are not met, your registration will be manually reviewed and account creation (or rejection) may take up to 24 hours.
- 7. After you have registered and your account has been approved, you can access the UVA Cores.
 - a. Go to, <u>https://uva.corefacilities.org</u>, select "Sign in using iLab credentials". Enter your Username and password.
 - b. Click on the *list all cores* link on the left side of the iLab page.
 - c. Select the Flow Cytometry Core.

| save money, save | (me | | | Search cores and s | services | Go! |
|---|--------------------------------------|------------------------|-----------------------|---------------------------------|-------------|--------------------|
| home | Core Facilities at Johns Hopkins Med | ical Institutes | | | | |
| Core facilities | Core Name | | Primary Contact | Email | Phone Numbe | r/Ext |
| and the second se | Cell Imaging Facility | Click a core name to | Lillian Dasko-Vincent | Idaskov1@hmi.edu | 410-6 | 14-4114 |
| list all cores | The married vacants | Click a core name to | | | | |
| | Elow Cytometry Core | enter that core's iLab | Ada Tam | atam4@jhmi.edu | 410-9 | 55-8029 |
| Ist all cores manage groups my labs | | | Ada Tam Wayne Yu | atam4@jhmi.edu wyu8@jhmi.edu | | 55-8029 02-7970 |

d. You will need to request access to the Flow Cytometry Core.

| Flow Cytometry Core Facility | |
|--|--|
| This core requires an additional access request to | o use the core. |
| Please feel free to include an additional note: | You will need to request access to the FCCF Your first time visiting the core. |
| Send access request | |

e. Upon receipt, the Flow Cytometry Core will send an email requesting you to submit a Project Based Biosafety Questionnaire. You will not be able to schedule or submit service requests until this form has been approved. Pl's Signature is required.

**Please disregard the BSL number on page 2, this is an internal requirement.

| Flow Cytometry Core Facility | After being granted access, you will need to request the "Project Based Biosafety Approval". | SCHOOL OF MEDICINE |
|---|--|---|
| | | About Our Cons Request Services View My Requests Contact Us |
| ▼Project Request | | |
| | 1.) Go to the | e "Request Services" tab. |
| Project Based Biosafety form must be completed before acc | ess will be granted to the equipment scheduling interface. | |
| | 2.) Request the | a Project Based Biosafety Approval |
| Project Based Biosafety Approval (1) | | |
| Project Based Biosafety Approval (Project Based Bio | safety Approval) | request service |
| Consultation (1) Training Course (1) Luminax Assay (2) FlowJo (1) | | |
| ▼ Pricing | | |
| | | |
| | | |

8. Upon approval of the Project Based Biosafety Questionnaire, you will receive an email from the Core stating that you have been given access to the Flow Cytometry Core scheduling calendars.