# CONTACT AND ORDER DETAILS

|  |
| --- |
|  |
| Order number (or Customer number / Product number) |
|  |
|  |
| Email |
|  |
|  |
| Phone |

# AIM OF YOUR INQUIRY

|  |  |
| --- | --- |
|  | Technical Support |
|  | Replacement |
|  | Refund |

# PRODUCT DETAILS

|  |  |
| --- | --- |
| Product number: |  |
|  |  |
| (if available: Lot.-Number) |  |
|  |  |

Did you repeat the experiment?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Did you use this product before?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Did the same problem occur every time?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

# SAMPLE DETAILS

1. Which cell type did you use?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Whole Blood |  |  |
|  | Cell Line | Description: |  |
|  | Primary Cells | Tissue: |  |
|  | Whole Tissue |  |  |
|  | Other: |  |  |

1. Which sample species did you use?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Human |  |  |
|  | Mouse | Strain (optional): |  |
|  | Rat |  |  |
|  | Other: |  |  |

1. Have you bought and used this product before and did it work properly on these samples?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

# PROTOCOL DETAILS

1. How did you prepare your cells? Please indicate details

|  |  |  |  |
| --- | --- | --- | --- |
|  | Red Blood Cell Lysis | * Buffer |  |
|  |  |  |  |
|  | Cell Line | * Harvesting details |  |
|  |  | (e.g. trypsination) |
|  |  |  |  |
|  | Tissue | * Preparation |  |

# STAINING PROTOCOL

|  |  |
| --- | --- |
| Cell volume used: |  |
|  |  |
| Cell density: |  |
|  |  |
| Permeabilization details: |  |
|  |  |
| Fixation details: |  |
|  |  |
| Time elapsed before analysis: |  |
|  |  |

# Primary antibody details (if applicable):

|  |  |
| --- | --- |
| Product (reactivity etc.): |  |
|  |  |
| Dilutions tested: |  |
|  |  |
| Incubation time & wash steps: |  |
|  |  |
| Temperature: |  |
|  |  |

# Secondary antibody details (if applicable):

|  |  |
| --- | --- |
| Product (reactivity etc.): |  |
|  |  |
| Dilutions tested: |  |
|  |  |
| Incubation time & wash steps: |  |
|  |  |
| Temperature: |  |

# Controls

|  |  |
| --- | --- |
| Did you use any negative and/or positive controls? |  |

# Comment

Use the box below for additional details:

|  |
| --- |
|  |

# TEST DATA REQUIRED

* Please add images of your test results, i.e. histograms and/or plots ( e.g. as \*.jpg, \*.jpeg files)