# 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 |

# DETAILS

1. In which application have you used the protein?

|  |  |  |
| --- | --- | --- |
|  | Western Blot |  |
|  | ELISA  |  |
|  | IHC  |  |
|  | IF |  |
|  | FACS |  |
|  | Other:  |  |

1. How much protein was used for your application (e.g. µg/well)?

|  |
| --- |
|  |

1. Please indicate the dilution you used

# FOR SDS PAGE

1. Which % of acrylamide did the gel contain you have probably used?

|  |  |  |
| --- | --- | --- |
|  | 12% |  |
|  | 10% |  |
|  | 8 % |  |
|  | 5% |  |
|  | Gradient |  |
|  | Other:  |  |

1. Which property of gel did you use?

|  |  |
| --- | --- |
|  | Reducing gel |
|  | Non-reducing gel |

# PLEASE DESCRIBE MORE DETAILS HERE

Use the box below for additional details:

|  |
| --- |
|  |

# TEST DATA REQUIRED

* Please add images of your test results (e.g. \*.jpg, \*.jpeg, \*.gif)
* Which loading scheme did you applied to the samples (i.e. order of samples, standard and markers)?