# 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 samples did you use?

|  |  |
| --- | --- |
|  | Serum |
|  | Plasma |
|  | Tissue Homogenate |
|  | Biological Fluids (Urine etc.): |
|  | Cell Culture Supernatant |
|  | Protein (recombinant, purified) |

1. Which sample species did you use?

|  |  |  |
| --- | --- | --- |
|  | Human |  |
|  | Mouse |  |
|  | Rat |  |
|  | Other: |  | |

1. Which lysis buffer did you use?

|  |  |
| --- | --- |
|  | Supplied in Kit |
|  | RIPA buffer |
|  | SDS buffer |
|  | Other: |

1. Did you sonicate the samples?

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

1. Which sample dilution did you use?

|  |  |  |
| --- | --- | --- |
|  | 1:100 | |
|  | 1:50 | |
|  | 1:10 | |
|  | Other: |  | |

1. How much sample (lysate) was loaded per well?

|  |  |  |
| --- | --- | --- |
|  | 100 µl | |
|  | 40 µl | |
|  | Other: |  | |

1. Did you use negative and/or positive controls? If yes, please indicate the type.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Type: |  |
|  | No |  |  |

# PROTOCOL DETAILS

1. Were all reagents and samples brought to room temperature before use?

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

1. How did you perform the **standard** dilution?

|  |  |  |
| --- | --- | --- |
|  | According to the manual |  |
|  | Other: |  |

1. How long did the final color reaction last before you added the stop solution?

|  |  |  |
| --- | --- | --- |
|  | According to the manual |  |
|  | 30 minutes |  |
|  | 15 minutes |  |
|  | 10 minutes |  |
|  | Other: |  |

1. Did you perform any steps differently than stated in the manual?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Which ones? |  |
|  | No |  |  |

1. Please state the Detecting Wavelength:

|  |  |  |
| --- | --- | --- |
|  | 450 nm | |
|  | Other: |  | |

# COMMENT

Use the box below for additional details:

|  |
| --- |
|  |

# TEST DATA REQUIRED

* **Plate design**/ distribution of samples, controls and standards
* **Standard curve** (including test results with OD and standard concentration)
* **Sample data** (please provide the data in a table format)
* **% CV values** (if you encountered high variation / %CV values please indicate the replicates and state the CV values calculated)