# 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 for the sample lysate?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Cell line | Description: |  |
|  | Primary cells | Tissue: |  |
|  | Whole tissue |  |  |
|  | Other: |  |  |

1. Which sample species did you use?

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

1. Which lysis buffer did you use?

|  |  |
| --- | --- |
|  | SDS sample buffer |
|  | RIPA buffer |
|  | Other: |

1. Did you sonicate the samples?

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

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

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

1. Which specific proteinase/phosphatase inhibitors, if any, were included in the lysis buffer?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Please state details: |  |
|  | No |  |  |

1. How much protein lysate was loaded (e.g. µg/well)?

|  |
| --- |
|  |

# PROTOCOL DETAILS

1. Which % of acrylamide did the gel contain?

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

1. Which property of gel did you use?

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

1. Which membrane did you use?

|  |  |  |
| --- | --- | --- |
|  | Nitrocellulose |  |
|  | PVDF |  |
|  | Nylon |  |
|  | Other: |  |

1. Was the efficiency of the protein transferred tested (by Ponceau/ Coomassie)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | Result: |  |
|  | No |  |  |

1. Which blocking reagent did you use? If yes, which concentration did you use?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | milk |  |  |  | 5% |  |
|  | BSA |  |  |  | 3% |  |
|  | Other: |  |  |  | Other: |  |

1. Which visualization system did you use?

|  |  |  |
| --- | --- | --- |
|  | CCD Camera |  |
|  | X-ray Film |  |
|  | Other: |  |

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

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

#

# Please indicate primary antibody details (if applicable):

|  |  |
| --- | --- |
| Product: |  |
|  |  |
| Dilution: |  |
|  |  |
| Incubation time: |  |
|  |  |
| Temperature: |  |
|  |  |

# Please indicate secondary antibody details (if applicable):

|  |  |
| --- | --- |
| Product: |  |
|  |  |
| Dilution: |  |
|  |  |
| Incubation time: |  |
|  |  |
| Temperature: |  |
|  |  |

# COMMENT

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)?