# 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 sample type did you use?

|  |  |
| --- | --- |
|  | Frozen sections |
|  | Paraffin embedded sections |
|  | Cytospin |
|  | Cell smear |

1. Which sample species did you use?

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

# PROTOCOL DETAILS

1. Which fixation agent and concentration did you use?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Formalin |  |  |  | 10% |  |
|  | Paraformaldehyd |  |  |  | 4 % |  |
|  | Other: |  |  |  | Other: |  |

1. How did you pretreat the tissue?

|  |  |  |
| --- | --- | --- |
|  |  | Details |
|  | Tissue preparation (oven) |  |
|  |  |
|  |  |  |
|  | Deparaffinization |  |
|  |  |
|  |  |  |
|  | Rehydration |  |
|  |  |
|  |  |  |
|  | Antigen retrieval |  |
|  |  |
|  |  |  |
|  | Blocking |  |
|  |  |
|  |  |  |
|  | Immunostaining |  |
|  |  |
|  |  |  |
|  | Dehydration |  |
|  |  |

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

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

# Primary antibody details (if applicable):

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

# 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)