联系人(contact info)

Please upload an image of your western blot by clicking on the center of the box.

姓名(name): 电话(phone): 手机(cell phone):

电子邮件(email address):

单位(Institute):

地址(address):

 Purchase Information

 Product name:

Catalog#: Lot#

Distributor name（经销商）:

Order date: Received date:

主要问题和处理意愿(Key problems observed & expectation):

**TECHNICAL SERVICE FORM (Immunohistochemistry)**

(Please ensure **ALL** of the questions are completed before returning the form. Thank you!)

**PRODUCT INFORMATION**

Product name: ; Catalog #: ; Lot #:

**A. Problem and Previous Experience**

* What pattern of staining was expected and what is the specific problem you are experiencing?

* Did other lots of this product work in the past? Which lots?

**B. Controls**

* Has the primary antibody been used successfully in any other applications (Western Blot, IP, IHC with different method of fixation) with the same sample?

**C. Samples and Fixation**

* Species (animal): ; Sample type: ; Fixation by:
* Was Antigen-Retrieval performed? If so, by what method (heat treatment, enzyme digestion)? Please descript how Antigen-Retrieval was performed.

**D. Blocking**

* What was the blocking condition? Blocking solution: ;

Incubation time: ; incubation temperature:

**E. Primary Antibody**

* Dilution factor:  ; Dilution buffer: ; Incubation time: ; Temperature:

**F. Secondary Antibody**

* Dilution factor:  ; Dilution buffer: ; Incubation time: ; Temperature:
* Did the secondary antibody be validated in other experiments?

* What was the source of the secondary antibody (goat anti-rabbit, rabbit anti-mouse, etc.) and what secondary antibody conjugate was used (biotin, FITC, Rhodamine, Texas Red)?

**G. Detection**

* + What method of detection was used (ABC Kit, Immunocruz Kit, Immunofluorescence)?

* + Was the detection used successfully with other primary antibodies?

* + If performing immunofluorescence, what the filter used appropriate for the fluorochrome and what was the time period between staining and visualization?

**Please attach the photo(s) of your IHC (preferably scanned) with detailed descriptions:**