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 (Western Blot)

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

PRODUCT INFORMATION:

Product name: ; Catalog #: ; Lot #:

TROUBLE SHOTTING SHEET:

A. Problem and Previous Experience

* What is the specific problem you are experiencing? (e.g. no signal, multiple bands)

* What size bands were expected? Expected MW: KDa
* Did other lots of this product work in the past? Which lots? What were the results?

B. Experimental conditions

* Species (animal): ;

Sample type(name of cell line/tissue, ex Hela cell, liver tissue): ;

Lysis buffer:

If transfected cell lysate was used, the accession number is (NCBI)

* How much sample was loaded on the gel? ug
* What kind of gel was used? □Native gel %; □SDS-PAGE %
* What type of membrane was used? □PVDF or □ nitrocellulose □ \_\_\_\_\_\_\_\_\_\_\_\_\_
* Blocking conditions: Solution: ; Time: ; Temperature:
* Primary antibody:

Dilution factor: ; Diluent: ; Incubation time: ; Temperature:

* The type of secondary antibody:

Dilution factor: ; Diluent: ; Incubation time: ; Temperature:

* Has a secondary control been performed successfully (e.g. actin, tubulin)?
* What were the wash conditions for primary antibody and secondary antibody?

Wash solution: ; Time: ; Temperature:

* What detection system was used and what were the exposure times for the film?

The detection system: ; The exposure times:

G. Please attach the photo(s) of your Western blot (preferably scanned) with detailed descriptions of the contents of each lane (including the MW of expected band of each lane):