**联系人(contact info)**

**姓名(name): 电话(phone): 手机(cell phone):**

**电子邮件(email address):**

**课题负责人(PI):**

**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 Support Questionnaire – Gel Mobility Shift Assay**

**Name:**Click here to enter text.

**Catalog #:**Click here to enter text.

**Lot Number:**Click here to enter text.

**PO/Order Number:**Click here to enter text..



**Species, Tissues or Cell Lines Tested:**Click here to enter text.

**Test Sample Preparation:**Click here to enter text.

**Antibody Storage Conditions:**Click here to enter text.

**Nuclear Extract Preparation:**Click here to enter text.

**Receptor Purification and Preparation:**Click here to enter text.

**Ligand Purification and Preparation:**Click here to enter text.

**Antibody Purification and Preparation:**Click here to enter text.

**DNA Binding Sequence, Species, Source and Labeling:**Click here to enter text.

**Antibody-Protein-DNA Binding Reaction Buffers, Conditions & Order if Addition:**Click here to enter text.

**Gel Condition:**Click here to enter text.

**Detection System, Procedure & Development Time:** Click here to enter text.

**Relative Mobility Shift (Origin to unbound DNA=100%)**Click here to enter text.

**Controls:** Click here to enter text.