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| **Elabscience** |
| Customer Complaints |

Pls. be noted that:

* After-sales is valid on the condition that the item was received within three months.
* To make sure your inquiry could be settled in time, pls. kindly fill this form completely at one time.

1. **Contact Information**

|  |  |
| --- | --- |
| Customer Name： | Tel： |
| Company： | Email： |

1. **Order Details**

|  |  |
| --- | --- |
| Cat. No. ： | Name： |
| Order date： | Category： |
| Date of experiment： | Date of feedback： |

1. **Experiment details**

|  |  |
| --- | --- |
| Sample(Species, Cell or tissue)： | positive controls： |
| Experiment type（e.g. WB/IHC/IF/IP/CHIP, etc.）： | |
| **Primary Antibody** | |
| Brand&Cat. No.： | Name： |
| Dilution： | Incubation conditions and time： |
| **Secondary Antibody** | |
| Brand&Cat. No.： | Name： |
| Dilution： | Incubation conditions and time： |
| separation gel concentration (WB required): | |
| the condition of transfer the proteins to membrane (WB required): | |
| Method of Antigen retrieval (IHC required): | |
| Aim of your inquiry： | |
| **Testing data required**  Pls. kindly attach images of your testing results, Marked with Marker, Sample, and a brief description of the testing results. | |