**After-Sales Service Form (For FCM)**

Thank you for taking the time to complete this form.

For troubleshooting purposes, please fill out all sections completely and provide the form in a timely manner.

After-sales service is guaranteed throughout the product's shelf life.

|  |
| --- |
| **Contact Information**  |
| Customer Name |  |
| Tel |  |
| Email |  |
| Company |  |
| **＊Order Details** |
| **＊**Cat. No.  |  | **＊**Lot |  |
| **＊**Product Name |  | **＊**Order date |  |
| **Experiment details**  |
| **＊Sample(Species, Cell or tissue)** |  |
| **＊Sample treatment (whether Fixation and how long it takes to detect after staining)** |  |
| **＊Instrument model, which laser and filter are used to collect the data** |  |
| **＊Dyeing system** |  /test （ for example 106 cells in 100 μL/test） |
| **＊Control** | [ ]  positive control [ ]  blank control [ ]  isotype control [ ]  others  |
| **＊Incubation conditions and time：** | [ ]  room temperature [ ]  4℃ [ ]  on ice min |
| **＊Whether avoid bright light** | [ ]  Yes [ ]  No |
| **Whether sufficient washing after dyeing** | [ ]  Yes [ ]  No |
| **Aim of your inquiry:** |
| **Images and Description:** |