**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:** | | | |