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

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Customer information** | | | | |
| Name |  | | E-mail |  |
| Tel. |  | | Demand | Technical support  Exchange  Others |
| Problem | Please describe your current problem. | | | |
| **Product information** | | | | |
| Cat No | |  | Lot No. |  |
| Date of receipt | |  | Date of use |  |
| Storage temperature | |  | | |
| **Instrument** | | | | |
| Detection instrument | Light microscope  Fluorescence microscope  Flow cytometer  Others | | Brand & Model |  |
| Ex/Em (nm) | If Light microscope is used, leave this field blank. | | Filter Set | If Light microscope is used, leave this field blank. |
| **Sample** | | | | |
| Species | |  | Sample type | Tissue  Cells  Others |
| Tissue  (Fill in only if it is a tissue sample) | | Paraffin Section  Frozen Section  Others | Cells  (Fill in only if it is a tissue sample) | Cell slide  Cell smear  Cell suspension  Others |
| Other samples  (Fill in except cell and tissue samples) | | Please describe in detail. | | |
| Supplementary information of sample | | Whether the sample contain fluorescence, if so, what type of fluorescence, please specify. | | |
| Fixation and permeabilization steps of samples | | Please describe as detailed as possible. | | |
| **Control samples** | | | | |
| Whether set a negative control?  Yes  No | | | | |
| Whether set a positive control?  Yes  No | | | | |
| **Operation steps** | | | | |
| Please describe as detailed as possible. | | | | |
| **Experimental results** | | | | |
| Description of experimental results (if the experiment is repeated, please describe separately and attach detailed data/pictures of the results), or attach raw data separately. | | | | |