**After-Sales Service Form of Protein**

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.

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| --- | --- | --- | --- |
| **Contact Information** | | | |
| Customer Name: |  | Tel: |  |
| Company: |  | Email: |  |
| **Product Details** | | | |
| Catalog No.: |  | Product Name: |  |
| Size: | mg or μg | Amount: | Vials |
| Lot No.: |  | Order date: |  |
| Receipt date: |  | | |
| **Reconstitution & Storage Details** | | | |
| Storage condition before reconstitution: | | 2-8℃ -20℃  Others | |
| Storage time before reconstitution: | | Days weeks months | |
| Reconstitution date: |  | Reconstitution buffer: |  |
| Concentration: | mg/mL | Aliquot volume: | μL/Vial |
| Storage condition after reconstitution: | | 2-8℃ -20℃  Others | |
| Storage time after reconstitution: | | Days weeks months | |
| **Experiment Details & Result** | | | |
| Dilution buffer: |  | Working concentration: | mg/mL |
| Experiment date: |  | | |
| Experiment purpose |  | | |
| Experiment method: | Please describe in detail, such as experiment system, conditions and controls,etc. | | |
| Experiment result | Please provide the comparative data results with other manufacturers, if possible. | | |
| **Purpose of your inquiry** | | | |
|  | | | |