# CST Immunofluorescence Technical Support

# Distributor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Customer Service Form ( Reagent )

*\*\*THE DATA IN THIS REPORT WILL BE USED FOR STATISTICAL PURPORSES, PLEASE COMPLETE CAREFULLY\*\*.*

###  For Customer Use Only

### Customer Identity

Name: \_ \_\_Tel: \_\_\_\_Fax: \_ \_\_e-mail:\_ \_\_\_\_\_\_\_\_\_

Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Product Information

Manufacturer: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Cat. No.: \_\_\_\_\_\_\_\_\_\_\_\_ Quantity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Product Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lot No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ref Date: \_\_\_\_\_\_

Delivery Date:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Invoice No.: \_\_\_\_\_\_\_\_\_\_\_\_Contract No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Background Questions

1. How long has the customer had the product?
2. At what temperature was the product stored?
3. Was the product aliquotted? 🞏 Yes 🞏 No
4. Has the customer ordered or used this antibody of the same catalog number before? （客户以前是否使用过该货号的抗体？）

🞏 Yes 🞏 No

1. Has the customer ordered or used other related antibodies in parallel with this antibody? How about the results?

（客户是否也使用了和这个抗体相关的其他CST抗体，结果如何？）

🞏 Yes 🞏 No

1. Has the customer tried WB or IHC besides IF with this antibody? How about the results?
2. What is problem with the antibody?

🞏 No signals 🞏 weak signals 🞏 High background 🞏 other

**General Questions**

1. Type of microscope/imaging system:
2. Excitation source (specific lasers, mercury bulb, etc).

**Antibody Information**

1. Catalog number.
2. Lot number (printed on tube label):
3. Dilution you are using:
4. Secondary antibody (if not using conjugated antibody):
5. Secondary vendor/catalog number:
6. Fluorochrome (eg. FITC):
7. Secondary dilution:
8. Have you successfully used this secondary antibody for immunofluorescence?

**Specimen**

1. Type:
	1. ICC/cell line
	2. Paraffin section
	3. Fixed frozen section
	4. Fresh frozen section
2. Specimen source (cell line or tissue, species).
3. How were the cells/tissues treated prior to fixation (ligands, inhibitors, etc.)?
4. Fixation method (immersion, perfusion).
5. Description of fixation and specimen prep protocol, including type of fixative, incubation times and concentrations.
6. If using cell lines, how much time elapsed after the cells were treated and before fixation?
7. How much time elapsed after sectioning/fixation and staining?
8. How were unstained sections stored?

**Staining Protocol**

1. Antigen Retrieval.
2. Blocking Method. Block specimen in Blocking Buffer Dilution buffer (including detergents).
3. Time/temperature of primary antibody incubation.
4. Time/temperature of secondary antibody incubation.
5. Please list other primary antibodies used on same slide.
6. Are you certain that the target is present in these cells/tissue?
7. If you using a phospho antibody, has this experimental protocol been shown to affect phosphorylation of this target (confirmed by published references or other application)?
8. Positive control (treated cells, alternate tissues, etc.).
9. Negative control:
	1. No primary
	2. Isotype control
	3. Negative cells/tissue
10. Ig concentration of isotype control antibody, if applicable.
11. What is your willing of this case? How do you want to proceed this case?
12. Raw data and interpretation (please paste below)