PeproTech products are now part of the



by Thermo Fisher Scientific Recombinant Protein Portfolio

Technical investigation form

Order information			
Order number/PO number:			
Name of purchaser:			
Preferred shipping address:			
Name of end user:			
Company/institution:			
Email:			
Phone number:			

Product information		Product Name -Rat MIP-16 (CCL4)
Product name:		Catalog Number — Cat.#400-09-100UG — Lot Number — Lot #0207288 A3014
Catalog number:		
Lot number:		PEPROTECHL B www.peprotech.cor NOT FOR HUMAN
Vialing code:		Product Name — Biotinylated Rabbit
Vial size:		Anti-Human VEGF Catalog Number — Cat.#500-P10BT-50UG
Number of vials:		Lot Number Lot #0504M010RB G090 Vialing Code
Date product was received:		Www.peprotech.com NOT FOR HUMAN U

Storage conditions upon receipt				
Time in storage:		Temperature:		
Reconstitution date:		Was the vial centrifuged prior to opening?	Yes	No

Initial reconstitution				
Solvent or buffer/pH:			Concentration:	
How long did the reconstituted vial sit before moving to the next step?			Temperature:	
Was a carrier protein added in this step (e.g., 0.1% BSA)?	Yes	No	Carrier protein/ concentration:	

Dilutions					
Were dilutions made?	Yes	No	Were dilutions made <u>before</u> or <u>after</u> storage?	Before	After
Solvent or buffer/pH:			Concentration:		
Was a carrier protein added in this step (e.g., 0.1% BSA)?	Yes	No	Carrier protein/ concentration:		

Storage				
Was the product put into working aliquots?	Yes No			
Concentration of aliquots:	Volume of aliquots:			
Time stored after reconstitution:	Storage temperature:			
Number of freeze-thaw cycles per aliquot:				

Usage				
Describe assay/application:				
References used for protocol:				
Issue being reported:				
Was there any kind of response?				
Has this assay been performed using this Gibco [™] PeproTech [™] product in the past?	Yes	No	If yes, list the lot number and vialing code:	
Has this assay been used in conjunction with another manufacturer's product?	Yes	No	Manufacturer: Catalog number:	

Please include relevant data with the return of this form.

Internal use only				
Date of complaint:		Replacement given:		
Authorized by:		Date sent:		
Lot number:		Vialing code:		
Comments:				

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Learn more at thermofisher.com/peprotech

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