

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:	
Catalog number:	
Lot number:	
Vialing code:	
Vial size:	
Number of vials:	
Date product was received:	



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:			

5 Cedarbrook Drive
Cranbury, NJ 08512

Phone: (800) 436-9910
Fax: (609) 497-0321

peprotech.info@thermofisher.com
thermofisher.com/peprotech

Learn more at **thermofisher.com/peprotech**