

Order Information	
Order# / PO#:	
Name of Purchaser:	
Preferred Shipping Address:	
Name of End-user:	
Company/Institution:	
Email:	
Phone Number:	


Product Information	
Kit Name:	
Catalog Number:	
Lot Number:	
Date product was received:	

Standard ABTS EDK Kit Name

Human TNF- α

Cat.# 900-K25 Catalog Number

Lot # 0414025 Lot Number



Avidin/Streptavidin-HRP			
Was the HRP conjugate aliquoted upon receipt?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
(TMB kits only) Was the Streptavidin-HRP diluted with 1x PBS prior to storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lot Number and Expiration Date on vial:	Storage Temperature:		
Number of aliquots:	Volume in aliquots:		

Antibodies and Protein Standard						
Storage conditions upon receipt:	Time period:	Standard:		Temp.:	Standard:	
		Capture:			Capture:	
		Detection:			Detection:	
Reconstitution date:	Were the vials centrifuged prior to opening?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Buffer used for reconstitution:	Standard:					
	Capture:					
	Detection:					

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Concentration:		Standard:				
		Capture:				
		Detection:				
Storage conditions after reconstitution:	Time period:	Standard:		Temp.:	Standard:	
		Capture:			Capture:	
		Detection:			Detection:	
How many freeze-thaw cycles did the components undergo?		Standard:		Detection:		
		Capture:		Avidin:		

ELISA	
Date(s) of ELISA runs:	

What type of plate was used?	Manufacturer:	
	Catalog Number:	

PeproTech ELISA Buffer Kit Used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Buffer Kit Lot Number:	
What solutions were used for washing & blocking buffers and diluent?	Wash:		
	Block:		
	Diluent:		
Buffer preparation date:			
Were the buffers sterile-filtered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of filtering:	
Was an enzyme inhibitor present (i.e. sodium azide)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Which substrate was used?	<input type="checkbox"/> ABTS <input type="checkbox"/> TMB	Manufacturer:	
Substrate confirmed to work in another application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe application:	
Which conjugate was used?	<input type="checkbox"/> Avidin-HRP <input type="checkbox"/> Streptavidin-HRP	HRP Conjugate Concentration:	
Was the substrate exposed to light prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was a stop solution used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, at what time point?	

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How was the wash step performed?	Apparatus:		Number of times washed per step:	
How was each step incubated?	Time period:	Capture:	Temp.:	Capture:
		Block:		Block:
		Standard:		Standard:
		Detection:		Detection:
		HRP-conjugate:		HRP-conjugate:

What wavelength was used to read the plate?			
Was a correction wavelength used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what wavelength?	
Total plate read time:		Time interval plate was read at:	
Was there any kind of response?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was color development observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was a reliable standard curve received?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you previously been successful with this PeptoTech kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what lot number?	
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Please include ELISA results with the return of this form

Internal Use Only:

Date of Complaint:		Replacement Given:	
Authorized By:		Date Sent:	
Lot Number:			
Comments:			