





Order Information	
Order# / PO#:	
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:	

Product Name	Rat MIP-1 β (CCL4)	Amount In Vial
Catalog Number	Cat.#400-09-100UG	
Lot Number	Lot #0207288 A3014	
Vialing Code		
 www.peprotech.com NOT FOR HUMAN USE		

Product Name	Biotinylated Rabbit Anti-Human VEGF	Amount In Vial
Catalog Number	Cat.#500-P10BT-50UG	
Lot Number	Lot #0504M010RB_G0909	
Vialing Code		
 www.peprotech.com NOT FOR HUMAN USE		

Storage Conditions Upon Receipt			
Time in storage:		Temperature:	
Reconstitution date:		Was the vial centrifuged prior to opening?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier protein/Concentration:	

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

Storage			
Was the product put into working aliquots?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 PeproTech product in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the Lot Number and Vialing Code:	
Used in conjunction with another manufacturer's product?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:			