

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

Product Information	
Product Name:	
Size/Volume:	
Quantity:	
Date Received:	

Storage Conditions Upon Receipt			
Basal/Complete Medium Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lot Number:			
Time in Storage:		Temperature:	
Growth Factor/Supplement Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lot Number:			
Time in Storage:		Temperature:	
Other Component(s) Included:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Component Name:		Lot Number:	
Time in Storage:		Temperature:	
Component Name:		Lot Number:	
Time in Storage:		Temperature:	

Growth Factor/Supplement Handling & Storage (If Applicable)			
Date of Reconstitution:			
Solvent or Buffer/pH:		Concentration:	
Was Reconstituted Growth Factor put into working aliquots?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Aliquot Concentration:		Aliquot Volume:	
Were aliquots stored prior to addition to Medium?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Time in Storage:		Temperature:	
Number of freeze-thaw cycles per aliquot:			

Media Preparation & Storage (If Applicable)			
Was Growth Factor/Supplement added to Basal Medium:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Addition:			
Was mixture stored prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Time in Storage:		Temperature:	
Was mixture put into working aliquots?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Aliquots:		Aliquot Volume:	
Time in Storage:		Temperature:	
Number of freeze-thaw cycles per aliquot:			

Usage			
Date of First Use:		Date Issue Arose:	
Description of Issue:			
Intended Use:			
Type of Cells Used:		Name of Supplier:	
Catalog Number:		Culture Type:	<input type="checkbox"/> Adherent <input type="checkbox"/> Suspension
Type of cell cultureware used (e.g. flask, dish, etc.)?			
Culture pH:		Culture CO ₂ Level:	

Temperature:		Total Culture Time:	
Was a humidified incubator used?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was medium changed during culturing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Times:		Frequency:	
Were cells passaged?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Times:		Frequency:	
Were aseptic techniques used in all culture protocols?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was an adaptation protocol used?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:			
Was the protocol adjusted from PeproTech's Instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			
Was protocol used previously with the same PeproTech product and cell type?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:			

Additional Reagents			
Was an ECM or surface-coating reagent used (e.g. Matrigel, Vitronectin, etc.)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Product Name:			
Manufacturer:		Catalog Number:	
Were additional reagents (e.g. antibiotics, phenol red, etc.) added during culture?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Product Name:			
Manufacturer:		Catalog Number:	
Were any digestive enzyme products or dissociation reagents used?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Product Name:			

Manufacturer:		Catalog Number:	
Was a DMEM/F12 product also used?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Product Name:			
Manufacturer:		Catalog Number:	
Were any additional products (not named above) used?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Product Name:			
Manufacturer:		Catalog Number:	

Observations & Results	
Were proliferation and pluripotency observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was cellular differentiation observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was cell response observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe culture characteristics (e.g. morphology, density, variability, etc.):	
Were contaminants visible in the culture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Additional Comments or Observations:	

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:			