

## **Antibody Feedback**

Note: Thank you for choosing ABclonal Technology.Please fill out the following information in as much detail as possible.

1.	Customer	Information						
	Name: Address:			Email:				
2.	Order Information							
	Catalog No:			Name:				
	Order date:			Experiment date:				
	Antibodystorage condition: -			Diluted antibody storagetime:				
		Sample						
	*WB	Species/Tissue/Cell:		¥-				
		Loading amount:		Lysate preparation method and recipe				
		Lysate storage temperature:		Date of lysate preparation:				
		Electrophoresis & Transfer Membrane						
		PAGE gel concentration:		Type of membrane:				
		Transfertype:						
		Transfer membrane condition (time/voltage):						
		Was the efficiency of the protein transferred tested (by Ponceau S/ Coomassie Blue)?						
		Sample		Sample				
	*IHC	Species/Tissue:		Sample type:				
		FixationCondition						
		Fixative:	Temperature:		Time:			
		Antigen Retrieval						
		Retrieval buffer:						
		Retrieval method:						

**Endogenous Peroxidase Blocking** 



	Buffer:	Temperature:		Time:				
	Sample							
	Species:		Sample type:					
*IF	Fixation							
· IF	Fixative:	Temperature:		Time:				
	Cell Membrane Permeabilizer							
	Reagent:	Temperature:		Time:				

*Blocking					
Blocking buffer:	Time & temperature:				
*Primary Antibody					
Dilution buffer &dilution ratio:	Incubation condition &time:				
*Washing					
Washing condition:					
*Secondary Antibody					
Manufacturer:	Catalog No.:				
Dilution buffer &dilution ratio:	Incubation condition &time:				
Detection/Visualization System:					
*Additional Information					

- ${\bf 1.} \ \ {\bf Please} \ \ {\bf describe} \ \ {\bf the} \ {\bf issue} \ \ {\bf you} \ \ {\bf have} \ \ {\bf encountered} \ {\bf with} \ {\bf the} \ {\bf antibody};$
- 2. Is the target protein expressed in your sample? Please provide some details.
- 3. Have you used positive, negative, or loading controls? If so, please include any images and other relevant information.
- 4. Have you ever tested your sample using secondary antibodies only (without primary antibodies)? If so, please include any relevant images.
- 5. Please describe your test results. You may also include any blots or other images available as part of this document or as a separate attachment.

Thank you for taking the time to complete this form. We will review your feedback and will be in touch with you shortly.