

**Bio-Rad Troubleshooting Form: Flow Cytometry**

Thank you for taking the time to complete this form. In order to facilitate the troubleshooting process, please complete all sections in full and return to your Bio-Rad contact (for contacts see <https://www.bio-rad.com/en-us/contact-us>) together with the requested data.

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| **Section 1: CONTACT INFORMATION** |
| Name: |
| Institution: |
| Department: |
| Address: |
| Phone #: |
| Fax #: |
| Email: |

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| **Section 2: DATA**  **Please provide the following flow cytometry data** |
| **1. Dot plot of Forward Scatter vs Side Scatter with gates if used (FALS vs 90o Scatter)** |
| **2. Fluorescence histogram showing “cells only” negative control data** |
| **3. Fluorescence histogram showing isotype control data** |
| **4. Fluorescence histogram showing test antibody data** |

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| **Section 3: PRODUCT DETAILS** | |
| Product code: | Batch number: |
| Product Description: | |
| Date received: | Date first used: |
| Storage conditions: | |
| Description of problem: | |
| Has the experiment been repeated? 🞎 Yes 🞎 No | |
| Has the product been used successfully before? 🞎Yes 🞎 No  If yes, please provide batch number: | |

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| **Section 4: SAMPLE DETAILS** |
| Species of sample: |
| **Section 4a: Sample Type**  **(Please tick as appropriate)** |
| **🞎 Whole blood** |
| Age of sample: |
| Anticoagulant used (EDTA/Heparin/ACD/Other): |
| Lysis solution used (Bio-Rad/BD/Coulter/NH4Cl/Other): |
| 🞎 I**solated cells** |
| Cell type: |
| Isolation method used: |
| **🞎 Cell line** |
| Description: |
| Harvesting details: |
| **Section 4b: Sample Pre-Treatment** |
| Have the samples been permeabilized prior to staining? 🞎Yes 🞎No  If yes, please provide details: |
| Have the cells been activated or pre-treated in any way? 🞎Yes 🞎No  If yes, please provide details: |
| Have the cells been subjected to any kind of blocking (e.g. FcR blocking)? 🞎Yes 🞎No  If yes, please provide details: |

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| **Section 5: STAINING PROTOCOL** | |
| Volume of cell suspension: | Cell density: |
| **Section 5a: Primary Antibody** | |
| Description: | |
| Supplier: | Product code: |
| Concentration/Dilution used (please give range where applicable): | |
| Volume used: | |
| Incubation time: | |
| **Section 5b: Secondary Antibody** | |
| Description: | |
| Supplier: | Product code: |
| Concentration/Dilution used (please give range where applicable): | |
| Volume used: | |
| Incubation time: | |
| Has this antibody been used successfully with other primary antibodies? 🞎Yes 🞎No | |
| **Section 5c: Post-Staining** | |
| Have the cells been fixed post staining? 🞎Yes 🞎No  If yes, please provide details: | |

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| **Section 6: CONTROLS** | |
| **Section 6a: Positive Control** | |
| Did the experiment incorporate a positive control? 🞎Yes 🞎No  If yes, please provide the details:  If no, are the samples known to express the target antigen? 🞎Yes 🞎No | |
| **Section 6b: Isotype/Negative Control** | |
| Was an isotype control used? 🞎Yes 🞎No  If yes, please complete supplier details in sections below | |
| Supplier: | Product code: |
| Was the isotype control at the same concentration as the test antibody? 🞎Yes 🞎No | |
| Please provide details of any additional negative controls used: | |

**What if a Bio-Rad reagent does not work as expected?**

At Bio-Rad, we work hard to ensure that all our reagents perform well and consistently, and go to great lengths to make sure our datasheets are easy-to-read, clear, and unambiguous. However, there is always room for improvement. In the unlikely event that a Bio-Rad reagent does not work as described on our datasheet, we have a fair and objective policy for this situation. Our procedure, which is outlined below, provides you with the quickest possible resolution. If any Bio-Rad product is found to be faulty at any time during our investigations, we will offer you the choice of an immediate replacement or a credit note.

1. All complaints relating to a product’s performance must be notified to your local Bio-Rad office or local distributor. If immediate troubleshooting is not successful, you will receive a troubleshooting form for completion. This form allows us to collect all information necessary to make an accurate assessment of the problem.
2. Please complete the troubleshooting form as fully and as quickly as possible and return it to your Bio-Rad contact or to one of the local offices detailed below. On some occasions, it may be necessary to attach further details or example results on additional sheets. We are always happy to help with any questions concerning the completion of this form. Delays in providing all relevant details will slow down our ability to resolve the problem, as we may have to ask for extra details.
3. Once the troubleshooting form is received, our experienced technical support and senior laboratory staff will make a careful assessment and will try to solve the problem by providing advice based upon all the information available. At the same time, we will check our retained batch samples using the quickest available method to verify the activity of the reagent.
4. If the problem cannot be resolved by advice and our retained samples show expected activity, we may ask for a sample of the problem product to be returned to Bio-Rad for evaluation. Should this be required, arrangements for the reagent’s safe return will be made at our expense.
5. If a returned sample is found to be faulty at any time during our investigations, Bio-Rad will offer you the choice of an immediate replacement or a credit note.
6. If, after assessment, a returned vial is found to perform as expected, it will be returned with additional technical advice.

**IMPORTANT:**  A copy of Bio-Rad Terms and Conditions of sale are available on our website.