

**Bio-Rad Troubleshooting Form: Western Blotting**

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 western blot data** |
| **1. Blot images (with lanes and molecular weight markers labelled) for samples tested** |
| **2. Blot images for any additional positive/negative controls used** |

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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 PREPATION**  **Sample type (please tick as appropriate)** | |
| 🞎 **Cell** **Lysate** | |
| Species: | Cell line/Primary culture: |
| Supplier (if applicable): | Product code (if applicable): |
| Amount of protein loaded: | Volume loaded: |
| Expected molecular weight of antigen: | |
| Have the cells been treated/stimulated? 🞎Yes 🞎No  If yes, please provide details: | |
| 🞎 **Tissue Lysate** | |
| Species: | Tissue type (Spleen/ Muscle/ etc): |
| Supplier (if applicable): | Product code (if applicable): |
| Amount of protein loaded: | Volume loaded: |
| Expected molecular weight of antigen: | |
| Is the lysate derived from a diseased host? 🞎 Yes 🞎 No  If yes, please provide brief details: | |
| 🞎 **Purified Protein** | |
| Type of protein (please tick as appropriate): 🞎 Native 🞎 Recombinant | |
| Supplier (if applicable): | Product code (if applicable): |
| Amount of protein loaded: | Volume loaded: |
| Expected molecular weight of antigen: | |

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| **Section 5: CONTROLS** | |
| Did the experiment incorporate a positive control? 🞎 Yes 🞎 No  If yes, please provide the details:  If no, are the samples above known to express the target antigen? 🞎 Yes 🞎 No | |
| Has effective membrane transfer been confirmed prior to staining? 🞎 Yes 🞎 No  If yes, please provide details: | |
| **Section 6: PROTOCOL DETAILS** | |
| Blocking buffer used: | |
| Wash buffer used: | |
| Gel conditions used (please tick all that apply): 🞎 Native 🞎 Reducing 🞎 Denaturing | |
| **Primary Antibody** | |
| Description: | Buffer: |
| Supplier: | Product Code: |
| Incubation Time: | Temperature: |
| Concentration/ Dilution used (please give range where applicable): | |
| Is this antibody specific to a phosphorylated protein? 🞎 Yes 🞎 No  If yes, please detail any phosphatase inhibitors present:  NB. Milk-based blocking agents are not recommended for use with antibodies specific to phosphorylated proteins | |
| **Secondary Antibody** | |
| Description: | Buffer: |
| Supplier: | Product Code: |
| Incubation Time: | Temperature: |
| Concentration/ Dilution used (please give range where applicable): | |
| Has this antibody been run in the same experiment 🞎 Yes 🞎 No  without the primary antibody? | |
| Has this antibody been used successfully with other antibodies? 🞎 Yes 🞎 No | |
| **Visualization System** | |
| Description: | |
| Supplier: | Product Code: |

**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, we also believe 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 working with 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 is available on our website.