

# Product Troubleshooting and Complaint Form

Please fill out and submit this form to [technical@biosb.com](mailto:technical@biosb.com) or by fax (805-692-2769). You may include relevant photos.

## Bio SB Tracking Information \*\*\*Bio SB Use Only\*\*\*

Complaint #		Date Form Received		Taken By	
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### Section 1: Identification

Contact Name		Bio SB Invoice #	
Company/Institution Name		Invoice Date	
Address		Customer PO #	
Phone #		Email	
Product Name		Presentation / Volume	
Catalog #		Lot #	
Markets where product is sold		Exp. Date	

### Problem Description:

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### Section 2: Assessment

Specimen Used (Tissue, Cell Line, etc.):		Bio SB Approved Specimen?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixation & Fixative Specimen		Time of Fixation	

### Pretreatment:

Enzyme or heat treatment solution used		Time		Temp.	
Heat source used (pressure cooker, water bath, etc.)					

### Slide Handling:

Manual or Automated Staining	
Type of Autostainer, if applicable	

### Antibody:

Antibody used and brand name	
Dilution used	
Age of diluted or concentrated antibody	
Antibody incubation time	
Antibody incubation temperature	
Tissue and reagent controls used	

### Detection:

Detection system and brand name	
Secondary antibody	Time
Tertiary antibody	Time
Substrate chromogen used	Time
Counterstain used	Time

### Other relevant information:

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