## **Quality & Safety**

## Complaint form for ELISA reagents

Name:			
Address:			
Phone: Fax to be sent to the distributor in your coun filled electronically might be sent direct	ntry (where available) c		
Description of the problem:			
ELISA reagent (IgG, conjugate, positive	control, negative cont	rol)	
	IgG	Conjugate	Control
Name (pathogen):			
Art. No.			
Size (volume)			
Lot No.			
Exp. date			
When received?			
When opened first?			
How was it stored?			
Problem since			
first use (Date)			
later use (Date)			
Other reagents received with same ship	oment		
Did they work well?	yes	no	
What buffers did you use?	from BIORE	BA (dil. concentrates)	"home made"
Microtiter plate (type, manufacturer) did	d you use?		
What was used for positive and negative	e controls in tests in ca	se of the faulty IgG and o	conjugate?
			_ OD 60 min
Own, fresh tissue (what kind?)			
Lyophilized controls from BIOREBA, Lot	t No		
Other controls; what kind?			
Healthy control			
Infected control			
Buffer control			
Your information may help us finding	ng the cause of the	e problem. Therefore, v	we appreciate very

much your cooperation. Please send the completed form back to admin@bioreba.ch

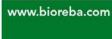
fax

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Adaptations from last version: buttons (clear form & send) removed.





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