

Claim Form for Viral Infection Viruses



Thank you for contacting **abm**. It has come to our attention that the virus you purchased from us did not work to your expectations. In order for us to solve this case to your complete satisfaction, please fill out the questionnaire below and submit along with all other relevant data attached to technical@abmgood.com.

**Please open this form with Adobe Acrobat, Adobe Professional, FoxIt or some other alternatives in order for the save function to be available. Adobe Reader does not support the save function.*

Order Information

Cat. #	<input type="text"/>	Lot. #	<input type="text"/>	Invoice #	<input type="text"/>
Date Received	<input type="text"/>	Date Delivered	<input type="text"/>	Claim Date	<input type="text"/>
Product Description	<input type="text"/>				

Customer information

Name	<input type="text"/>	Telephone	<input type="text"/>
Company/ Institution	<input type="text"/>		

Product usage details and descriptions

Purpose	<input type="text"/>
Storage Conditions	<input type="text"/>
Method Description	<input type="text"/>

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Product usage details and descriptions (continued)

Results and Data

Description of Problem

Troubleshooting

Please provide as detailed information as possible for the following questions below:

1. What cell was used for quantification of expression level?
2. How was expression level monitored? Please provide supporting data.
3. What is the infection efficiency? Please provide supporting data.
4. What is the MOI used?
5. Has the inserts promoter been validated in the cell type?
6. Has clone selection been done after antibiotic or GFP cell sorting?
7. How long after infection was the expression level monitored?
8. What control was used?
9. Has the method been established in a cell line that is easily transfected?

Thank you in advance for your assistance. Please email this form and all relevant data to technical@abmgood.com. If you have further inquiries or concerns feel free to email us at technical@abmgood.com.