**Technical Support Questionnaire – Chromatin Immunoprecipitation:**

**Name:** Click here to enter text.

**Catalog #:** Click here to enter text.

**Lot Number:** Click here to enter text.

**PO/Order Number:** Click here to enter text..



**Species:** Click here to enter text.

**Cell Line/Tissue:** Click here to enter text.

**Subcellular Fraction:** Click here to enter text.

**Concentration:** Click here to enter text.

**Preparation:** Click here to enter text.

**Controls:** Click here to enter text.

**PAGE Gel:** Click here to enter text.

**PAGE:** Click here to enter text.

**Membrane:** Click here to enter text.

**Transfer Conditions:** Click here to enter text.

**Blocking Solution/ Duration:** Click here to enter text.

**Immunoprecipiation:**

**IP Antibody Diluent/ Dilution:** Click here to enter text.

**IP Antibody Incubation Time/ Temp:** Click here to enter text.

**IP Antibody Sample Ratios Tested:** Click here to enter text.

**Matrix used to Precip. Ab/Ag Complex:** Click here to enter text.

**Chromatin Immunoprecipitation:**

**Native ChIP or Cross Linked:** Click here to enter text.

**DNA Shearing Methods:** Click here to enter text.

**DNA Purification Methods:** Click here to enter text.

**ChIP Detection Method (PCR, qPCR, ChIP Seq., ChIP-ChIP, etc.):** Click here to enter text.

**ChIP Detection Method Details (primers used, etc.):** Click here to enter text.

**Detection Method Controls:** Click here to enter text.

**Additional Observations:**