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		QF1101-007-01	
Troubleshooting IHC Staining Form		Revision: 5.0	Page 1 of 2

Troubleshooting #		
Received By		Date:

Customer Information	
Facility	Address
Contact Name	City
Phone	State
Email	Zip

Product Information			
Product Name:	Part #:	Lot #:	Exp:

General Information
What is the problem?
Has the product worked before?

Control
What tissue type are you using as a control?
Where is the control tissue from?
What does the positive control look like?
What does the negative control look like?

Protocol
Are you using automation? If yes, what kind?
How many staining runs have you performed?
What do other slides on the same run look like?

Pretreatment
Deparaffinization method
Buffer use for pretreatment (Citrate or EDTA)
Time/Temp/Appliance used for retrieval
Were appropriate blocking solutions used? (Peroxide, A/B, Ultrawash, Ultrablock, background)

Staining
What detection kit was used?
What was the antibody incubation time/temp?
What was the detection incubation time/temp?
What chromogen incubation time/temp?
What counterstain was used? Incubation time/temp?



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Tissue Processing

How was the tissue fixed? 10% NBF? Time?

Were the patients and control tissue fixed using the same method?

How long were the slides dried for and at what temperature?

How many different blocks were tested?

How recently was the control tissue cut?

How thick was the control/patient tissue cut?

How do you know the tissue is immunoreactive?

Conclusions

What is the suspected problem?

What recommendations were made?

Is a lab service request required? _____ LSR #: _____

Is escalation required? _____ Complaint # _____
If yes, explain.

Is MDR required? _____ MDR #: _____
If yes, explain:

How was the issue resolved?

Customer follow-up required? _____ Date: _____