

# Experiment Record Sheet

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Scientist Name .....

Contact Tel. # .....

e-mail .....

Kit Cat. # / Lot # .....

STEP

Comments or Changes

- 1 Type of cells or tissue .....
- 2 How were the cells prepared prior to lysis? ..... days in culture  
.....% confluency  
..... inducer  
.....mg/ml of protein in lysate
- 3 How long were the ice-cold solutions on ice before lysis? ..... Min
- 4 Time that cultures were removed from incubator? ..... am or pm
- 5 Was Binding Buffer added? ..... Y or N
- 6 Time that binding reactions were placed on the shaker? ..... am or pm
- 7 Did you add 50  $\mu$ l of extract per well? ..... Y or N
- 8 What locations are the 50  $\mu$ l Lysis Buffer controls? ..... Wells
- 9 What speed and time was the shaking for the binding reaction? ..... rpm .....min
- 10 How long did you wait after the post-binding wash step? ..... s or min
- 11 What was the time when the primary antibody reaction was started? .....am or pm
- 12 What was the time when the Secondary antibody reaction was started?..... am or pm
- 13 What was the time when detection reagent was added? ..... am or pm
- 14 What was the time when the plate was read? ..... am or pm