

ANAMOL LABORATORIES PVT. LTD.

BIOCHEMISTRY PRODUCT FEEDBACK FORM

CUSTOMER INFORMATION

Customer Name:	Contact Number:
Address with Pin Code:	
Email id:	Name of Contact Person:
Designation of Contact Person:	

FEEDBACK INFORMATION

Nature of Feedback (Please tick wherever applicable):	(a) Leakage / Breakage
	(b) Performance Related
	(c) Other
Name of Product:	
Batch Number:	
Expiry:	
Pack Size:	
Number of kits purchased:	
Invoice Number:	
Date of opening the kit first time:	
Date of error / problem observed first time:	
Description of feedback:	

INSTRUMENT DETAILS

Name of Instrument:	Type of Instrument: (a) Semi Auto (b) Fully Auto
Instrument Manufacturer:	Instrument Purchase Date:
Last Instrument Service Date:	

PROGRAMMING DETAILS

Primary Wavelength:	Secondary Wavelength:
Incubation Time (For End Point):	Delay Time / Read Time (For Kinetic):
Number of Readings (For Kinetic):	Interval Time (For Kinetic):
Reconstitution Date of Reagent:	Standard Absorbance (For End Point):
Reagent 1 Volume (R1):	Standard Volume:
Reagent 2 Volume (R2):	Flow Cell Temperature:
Factor:	Reagent Blank:
Cycle Time (For Fully Auto):	Measuring Point 1 & 2 (For Fully Auto):

CONTROL DETAILS

Name of Control Used	Result with Anamol Kit	Result with Existing Kit	Target & Range	Methodology	Control Reconstitution Date & Volume
1					
2					
3					
4					

Expectations from Anamol:

Any other remarks:

Signature of the Customer with designation, stamp and date: