

Form A. GLP/GMP Reagent Tracking Checksheet

Run Date _____

Client: _____

Samples: _____

Date received _____ Person doing sample preparation _____ Book # (for sample prep) _____ Page # _____

Book # (for gel run) _____ Page # _____ Number of ____% acrylamide gels required _____

Gel Caster Preparation

Slab gel plates were washed by _____, assembled by _____ and placed in casters by _____.
initials initials initials

Gel Pouring

Reagents (Attach copies of appropriate buffer logsheets).

Reagent	Lot #	Reagent	Lot #
30% Acrylamide		Ammonium Persulfate	
Lower Gel Buffer		Temed	
Upper Gel Buffer		Buffer "O"	
Blue glycerol		Agarose	
Rhinohide		*	

Slab gel poured by _____ Slab gel polymerization start time _____ Date _____ *additional reagent (if needed)
initials

Stacker gels poured by _____ Stacker gel polymerization start time _____ Date _____
initials

Sample Preparation and Loading

Reagent	Lot #	Reagent	Lot #
SDS Boiling Buffer		Urea Sample Buffer	
Buffer "O"		Molecular Wt. Markers	
*		*	
*		*	
*		*	
*		*	
*		*	

Samples loaded by _____ Sample loading time (also slab and stacker gel polymerization stop time) _____ Date _____
initials *sample preparation reagents (if needed)

Gel Running Person in Charge _____
initials

Reagent	Lot #	Reagent	Lot #
Running Buffer (Upper)		Running Buffer (Lower)	
Bromophenol Blue			

gels _____ Power Source # _____ Current per gel _____ Start time _____ Stop time _____ Date _____

Reagent	Lot #	Reagent	Lot #
Running Buffer (Upper)		Running Buffer (Lower)	
Bromophenol Blue			

gels _____ Power Source # _____ Current per gel _____ Start time _____ Stop time _____ Date _____

Form A. GLP/GMP Reagent Tracking Checksheet (continued)

Coomassie Blue Staining gels _____

Reagent	Lot #	Reagent	Lot #
CB Staining Solution		10% Acetic Acid	
CB Rehydrating		Glycerol	

Person doing rehydration _____ Rehydration start time _____ date _____
initials Rehydration stop time _____ date _____

Person doing destaining _____ Destaining start time _____ date _____
initials Destaining stop time _____ date _____

Person doing drying _____ at _____ / _____
initials time date

Silver Staining gels _____

Reagent	Lot #	Reagent	Lot #
50/10 Fix		Citric Acid	
Glutaraldehyde		Formaldehyde	
19.4% Silver Nitrate		Acetic Acid (Stop)	
0.36% NaOH		Glycerol	
Ammonium Hydroxide			

Person staining gels _____ Date _____
initials

Person doing drying _____ at _____ / _____
initials time date

PVDF Membrane Transfer/Staining gels _____

Reagent	Lot #	Reagent	Lot #
Methanol		PVDF	
CAPS Buffer		Coomassie blue	

Person transferring gels _____ Date _____
initials

Person staining membranes _____ Date _____
initials

Person completing form _____ date _____ Reviewed by _____ date _____

Western Blotting Checksheet

Client:

Company:

Date:

Samples:

Date Rcvd:

Gel ID:

Analyst:

Reagents:

Reagent	Lot #
Tris Buffered Saline (TBS)	
Tween 20	
Block:	

Block:

Blocking Solution:

Incubation Time:

Primary Antibody:

Gel ID	1° Antibody	Dilution	Company	Cat #	Lot#	Rcvd	Stored

Buffer:

Incubation Time:

Secondary Antibody:

Gel ID	2° Antibody	Dilution	Company	Cat #	Lot#	Stored

Buffer:

Incubation Time:

ECL Film Development:

ECL:

Cat#:

Lot#:

Film:

Cat#:

Lot#:

Gel ID	Exposure Time	Results
	1 st :	
	2 nd :	
	3 rd :	
	1 st :	
	2 nd :	
	3 rd :	
	1 st :	
	2 nd :	
	3 rd :	

Comments:

Person Completing Form

Date

Reviewed By

Date