

Experimenter: _____
Plate Identification: _____
Set Up Date: _____
Observation Date: _____

Reservoir Volume: _____ (μ l)
Total Drop Volume: _____ (μ l)
Sample: _____ (μ l)
Reservoir: _____ (μ l)
Additive: _____ (μ l)

Sample Name: _____
Sample Concentration: _____
Sample Buffer: _____

Set Up Temperature: _____ ($^{\circ}$ C)
Method of Set Up: _____
Kit Used: _____

How to Use the Report:

- Clear Drop
- Phase: _____
- Precipitate: _____
- Crystal: Needles
- Other: _____



(949) 425-1321 • Fax: (949) 425-1611
 tech@hrmail.com • www.hamptonresearch.com

	1	2	3	4	5	6	
A	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____
B	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____
C	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____
D	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Clear Drop <input type="checkbox"/> Phase: _____ <input type="checkbox"/> Precipitate: _____ <input type="checkbox"/> Crystal: _____ <input type="checkbox"/> Other: _____ _____