

Set Up By: _____

Comments: _____

Sample: _____

Sample Buffer: _____

Reservoir Volume: _____

Drop: _____ μ l Sample: _____ μ l Reservoir: _____ μ l Other: _____ μ l

Day / Date: _____ Temperature: _____

- 1 Clear Drop
- 2 Phase Separation
- 3 Regular Granular Precipitate
- 4 Birefringent Precipitate or Microcrystals
- 5 Posettes or Spherulites
- 6 Needles (1D Growth)
- 7 Plates (2D Growth)
- 8 Single Crystals (3D Growth < 0.2mm)
- 9 Single Crystals (3D Growth > 0.2mm)

- C Clear
- PS Phase Separation
- P Precipitate
- X Crystal
- 1+ Slight
- 2+ Moderate
- 3+ Heavy

A1	A2	A3	A4	A5	A6
B1	B2	B3	B4	B5	B6
C1	C2	C3	C4	C5	C6
D1	D2	D3	D4	D5	D6

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: _____



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	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: _____ _____ _____
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: _____ _____ _____
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: _____ _____ _____
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: _____ _____ _____