

**Experimenter:** \_\_\_\_\_  
**Plate Identification:** \_\_\_\_\_  
**Set Up Date:** \_\_\_\_\_  
**Observation Date:** \_\_\_\_\_

**Reservoir Volume:** \_\_\_\_\_ ( $\mu$ l)  
**Total Drop Volume:** \_\_\_\_\_ ( $\mu$ l)  
**Sample:** \_\_\_\_\_ ( $\mu$ l)  
**Reservoir:** \_\_\_\_\_ ( $\mu$ l)  
**Additive:** \_\_\_\_\_ ( $\mu$ l)

**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

**Sample Name:** \_\_\_\_\_  
**Sample Concentration:** \_\_\_\_\_  
**Sample Buffer:** \_\_\_\_\_

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

	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: _____ _____