Amizona 破骨产品试用装申请表

1. **客户基本信息**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名： |  | 电话： |  | 邮箱： |  |
| 单位： |  | QQ/微信： |  |
| 实验室： |  | 导师： |  | 研究方向： |  |
| 收货地址： |  |

1. **申请试用装产品信息**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 产品名称 | 产品货号 | 产品数量 | 需要√，不需要x | 现用同类产品品牌 |
| Osteoclasts Culture Kit (For Mouse) With TRAP Staining | AMK1001-S | 100ml |  |  |
| Osteoclasts Culture Kit (For Rat) With TRAP Staining | AMK8001-S | 100ml |  |  |
| Osteoclasts Culture Kit - For Raw264.7 Cells With TRAP | AMK2001-S | 100ml |  |  |
| THP-1 Osteoclasts Culture Kit | AMK9001-S | 100ml |  |  |
| Bone Slices for 24w Plates | AMB1001-020 | 2片 |  |  |
| 根据实验种属选择合适的试用装，在右侧打√，不需要骨片试用装的，请打x |

1. **试用结果反馈**

|  |
| --- |
| **试用结果图片展示：** |
| **具体试用感受及建议：** |