

Austin Community College, Biotechnology  
Department

# Biotechnology Laboratory Forms

2020

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## SOLUTION PREPARATION FORM

### FORM-SOLN-001, Revision A

Control # \_\_\_\_\_

Name of Solution/Media: \_\_\_\_\_

Amount prepared: \_\_\_\_\_ Preparation Date: \_\_\_\_\_

Preparer(s): \_\_\_\_\_

Component	Vendor/ lot # or Control #	Date Received	Storage conditions	FW or initial concentration	Mass used	Final Concentratio n

Balance used	Calibration status	
pH meter used	Calibration status	
Initial pH	Final pH	Adjusted pH with
Preparation temperature	Sterilization procedure/ sterility testing	Solution storage conditions & location

Calculations/Comments:



Listing the reagent lot numbers of media prep control numbers helps to troubleshoot difficulties if they arise. Conditions could include the cell density, medium, culture vessel size, and the reason for culture procedure.

**FROZEN CULTURE LOG**  
**FORM-CULT-001, Revision A**

<b>Cells/cell number (per mL)</b>	<b>Date frozen</b>	<b>Freezing medium</b>	<b>Initial s</b>	<b>Freezer location*</b>

\* This is the drawer or cane number and position.

# ELECTROPHORESIS DOCUMENTATION FORM

## FORM-ELEC-001, Revision A

Date \_\_\_\_\_ buffer \_\_\_\_\_ gel\_\_ % agarose/acrylamide (**circle one**)

Voltage \_\_\_\_\_ start time \_\_\_\_\_ stop time \_\_\_\_\_ stain \_\_\_\_\_

Analyst(s): \_\_\_\_\_

**Experimental Summary/Description:**

Lane	Sample description	Concentration	Sample Volume Analyzed	Mass loaded
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

AFFIX CLEARLY LABELED IMAGE(S) HERE

TAPE ALL 4 EDGES, AND INITIAL ACROSS THE TAPE

LABEL WELLS, INDICATE MARKER SIZE, AND SAMPLE BAND LOCATION ON THE SIDE OF THE GEL

**Photographic settings (exposure time, aperture setting, etc):**

## MICROPIPETTE VERIFICATION WORKSHEET

FORM-PIPET-001, Revision A

Date: \_\_\_\_\_

Technician: \_\_\_\_\_

Pass / Fail (circle one):

If fails, remove from use, fill out deviation report, give to lab technician.

<b>Model:</b>			
<b>Serial#:</b>			
<b>Size:</b>			
<b>Volume 1:</b>		<b>Volume 2:</b>	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
<b>Average:</b>		<b>Average:</b>	
<b>SD:</b>		<b>SD:</b>	
<b>PEM:</b>		<b>PEM:</b>	

<b>Model:</b>			
<b>Serial#:</b>			
<b>Size:</b>			
<b>Volume 1:</b>		<b>Volume 2:</b>	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
<b>Average:</b>		<b>Average:</b>	
<b>SD:</b>		<b>SD:</b>	
<b>PEM:</b>		<b>PEM:</b>	



## INVENTORY CONTROL FORM

Work Order #	Reagent	Quantity	Label/Lot Number #

Preparation Date: \_\_\_\_\_ Prepared By: \_\_\_\_\_

SOP Document #: \_\_\_\_\_ Approved By: \_\_\_\_\_

Storage Location: \_\_\_\_\_

Date	Purpose (Include reference number if applicable)	Volume Removed	Volume Remaining	Initials

Inventory verified by: _____	Date: _____
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Date Discarded: \_\_\_\_\_

**DEVIATION REPORT**  
**FORM-DEV-001, Revision A**

Date: \_\_\_\_\_

DR#: \_\_\_\_\_

Detailed name & Model # of Equipment: \_\_\_\_\_

Serial Number or Equipment Number: \_\_\_\_\_

Where is the Equipment now? \_\_\_\_\_

You must record this deviation in the log book. Have you recorded this deviation in the appropriate log book? \_\_\_\_\_

**Detailed Description of Deviation:**

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**Recommended or Actual Correction of Deviation:**

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Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

QA Approval (Faculty Member or Laboratory Technician)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Instructions: Keep a copy for your lab notebook, keep original with the equipment and notify lab technician where the equipment is.



# 96-WELL PLATE DOCUMENTATION FORM

(FORM-PLATE-001, Revision A)

Date: \_\_\_\_\_

Technician(s): \_\_\_\_\_

Experiment Summary/Description:

	1	2	3	4	5	6	7	8	9	10	11	12
A												
B												
C												
D												
E												
F												
G												
H												