

Standard Operating Procedure (SOP)

Name: _____

Date: _____

Reagent/Solution: _____

Purpose: _____

Recipe/Formulation:

Volume: Are there any special considerations for volume. Shelf life, expected use.

Sterilization (check those that apply): Autoclave Sterile filter (0.2 μ m)

Storage conditions (check those that apply): Light sensitive

4 $^{\circ}$ C -20 $^{\circ}$ C -80 $^{\circ}$ C Room Temperature

Special observations:

Does the solution tend to precipitate with storage?

Does the solution tend to discolor with storage?

Protocol for Preparation: