

Agarose Gel Survey

Please take a few minutes to complete the following brief survey so that we can better understand your needs as they relate to agarose gels. Completed surveys returned by September 30, 2002 will receive a convenient E-Gel[®] FM scanning radio with stopwatch.

1. For the following types of samples, please indicate the number of agarose gels per week and the number of samples per gel that you routinely run.

Type of Sample	Number of gels/week	Number of samples/gel
PCR products	___	___
Genomic DNA	___	___
Plasmid DNA / digests	___	___
RNA	___	___
Other, please specify _____	___	___

2. What is the typical size range of your samples, the number of expected bands, and the desired resolution?

Type of Sample	Size (bp or kb)	# of bands	Desired resolution (+/- bp)
PCR products	___	___	___
Genomic DNA	___	___	___
Plasmid DNA / digests	___	___	___
RNA	___	___	___
Other, please specify _____	___	___	___

3. Which of the following pre-cast agarose gels do you use routinely?

(Check all that apply)

- Invitrogen E-Gels[®]
- BMA Reliant[®] gels
- BMA Latitude[™] gels
- JT Baker Agile[™] gels
- Embritec RunOne[™] gels
- Bio-Rad ReadyAgarose[™] gels
- Amersham Biosciences Ready-to-Run[™] gels
- Other, please specify _____

4. Which of the following Invitrogen E-Gels[®] do you use routinely? *(Check all that apply)*. How many gels do you use in a typical month? *(Indicate the number to the right of the gel type)*

- 0.8% 12 well single comb _____
- 1.2% 12 well single comb _____
- 2% 12 well single comb _____
- 4% 12 well single comb _____
- 0.8% 18 well double comb _____
- 2% 18 well double comb _____
- 1% E-Gel[®] 96 gel _____
- 2% E-Gel[®] 96 gel _____

5. Which of the following best describes your anticipated usage of E-Gels[®] over the next 6 months? *(Check only one and indicate the % as appropriate)*

- Increase by ___% Why? _____
- Stay the same
- Decrease by ___% Why? _____

6. Do you currently open any of the E-Gels[®] that you use?

- Yes
- No

If you answered Yes to Question 6, please answer Questions 6a, 6b, and 6c. If you answered No to Question 6, please skip to Question 7.

- a. For what application do you open the E-Gels[®]? _____
- b. What percent of total E-Gels[®] used do you open? _____%
- c. Which E-Gel[®] formats (agarose %, 12 well, 18 well, etc.) do you open? _____

7. What do you like the best and least about E-Gels[®]?

Best _____

Least _____

8. Please indicate your interest in, and the specifications needed for the following proposed E-Gels[®]. *(Complete the box either by circling the appropriate answer or filling in the specific number, name of configuration, application, etc.)*

	Proposed E-Gel [®] formats:					
	Higher % agarose gel		More wells/gel		Gel without ethidium bromide	
Interested in the gel	Yes	No	Yes	No	Yes	No
Percent agarose desired						
Anticipated number of samples/week run on the new gel						
Configuration desired						
Fragment size to be resolved <i>(indicate bp or kb)</i>						
Bp separation needed, <i>(e.g., 100 bp product from 120 bp product)</i>						
Application for which this gel would be used						

9. If you run RNA samples on agarose gels, for what types of applications are you running these samples? *(Check all that apply)*

- RNAse protection assays
- cDNA library construction
- Northern blot analysis
- Poly(A) selection
- Differential display
- Expression analysis applications
- Microarray analysis
- RT-PCR
- Other, please specify _____

10. How likely would you be to purchase a pre-cast gel from Invitrogen that was specifically designed for RNA samples and was guaranteed RNase-free? *(Please check only one)*

- Not at all likely
- Somewhat likely
- Likely
- Very likely
- Extremely likely

11. How did you learn about E-Gels[®]? *(Check all that apply)*

- Journal ad
- Sales representative
- Recommendation by a colleague
- Article in *Expressions/Focus* newsletter
- Scientific meeting
- Other, please specify _____

12. Do you have any suggestions for improvements or other new pre-cast gel formats or general comments about pre-cast gels?

13. Would you be willing to beta test any of the proposed products?

- Yes
- No

name _____

phone () _____

institution _____ Dept. _____ box/mail stop _____

street _____

city _____ state _____ country _____ zip _____

e-mail address _____

