

ANTIBODY SERVICES ORDER FORM

Name:		Organization:	
Department:		PO#:	
Phone #:		E-Mail:	
Shipping Address:		Billing Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:

Antigen Information

Name/Type:	
Buffer and pH:	
Excipients:	
Amount:	Concentration (if in solution):
Storage/Handling:	

Species/Number of Animals

Rabbit (minimum 2):	Alpaca:	Llama:	Goat:	Sheep:
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Antigen Design Services

Peptide Synthesis Requested/Sequence:			
KLH Conjugation:	Amount:	BSA Conjugation:	Amount:

Laboratory Services

ELISA Interval(s):		ELISA Screening Antigen(s):		
Antibody Purification Antigen Affinity:		Antibody Purification Protein A/G:		
PBMC Isolation Volume:	100 ml	300 ml	600 ml	Other:
PBMC Storage Media:				
RNA Purification:				