

**Quote Request  
ANTIBODY PROJECT**

**Date:**

PRINCIPAL INVESTIGATOR:			
TITLE:			
INSTITUTION:			
ADDRESS:			
PHONE ( <input type="checkbox"/> preferred):	FAX ( <input type="checkbox"/> preferred):	CELL ( <input type="checkbox"/> preferred):	E-MAIL ( <input type="checkbox"/> preferred):

*To ensure that we understand your needs and project requirements, please fill out or type in this form. When information is not available to you or cannot be disclosed, skip the question leaving it blank. FAX us the completed form to 203-653-2251. Please make sure that, if necessary, confidential disclosure agreement is executed before submitting this form.*

<b>ANTIBODY</b>			
ANTIBODY NAME:	<input type="checkbox"/> Polyclonal antibody <input type="checkbox"/> Monoclonal antibody.		ISOTYPE:
IMMUNOGEN:	SPECIFICITY/ANTIGEN:	SPECIES:	RAISED IN:
<input type="checkbox"/> Full length <input type="checkbox"/> (Fab) <sub>2</sub> <input type="checkbox"/> Fab			
REFERENCE SAMPLE AVAILABILITY:			
<input type="checkbox"/>	Antibody	Specify:	
<input type="checkbox"/>	Antigen	Specify:	
ANTIBODY SOURCE:			
<input type="checkbox"/>	Ascites fluid	Describe:	
		Estimated antibody concentration:	
<input type="checkbox"/>	Hybridoma	Describe:	
		Expression:	
		Growth condtions:	



PURIFICATION PROTOCOLS (paste references and/or your own protocols):

**REQUESTED SERVICES**

Cell growth conditions optimization. Specify:

Conditioned media production. Scale, L:

Antibody purification:  
 ARVYS standard protocol.  
 Customer-supplied protocol.  
 Existing protocol with an adjustment/optimization. Specify:  
 Novel protocol.

Purification method development. Specify:

Assays to be performed at ARVYS

ASSAY	EXPRESSION	PURIFICATION	FINAL PRODUCT	COMMENTS
SDS-PAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IEF-PAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dot Blot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Western Blot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELISA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protein Assay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Absorption at 280nm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isotyping (strips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Endotoxin (LAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Assays to be performed by the customer. Specify:



FINAL PRODUCT SPECIFICATIONS:	
Required amount, mg	
Required purity, >%	
Preparation	<input type="checkbox"/> Aqueous <input type="checkbox"/> Lyophilized
Aliquot size, <input type="checkbox"/> ml or <input type="checkbox"/> mg	
Concentration range, mg/ml	
Formulation buffer	
Remove specific contaminants	
Remove endotoxin, <EU/mg	Existing protocol: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Paste references and/or your own protocols:
Shipping temperature, °C	
Other	
<input type="checkbox"/> Antibody characterization. Specify:	
<input type="checkbox"/> Antibody Labeling. Specify:	
<input type="checkbox"/> Antibody conjugation. Specify:	
<b>MATERIALS PROVIDED BY THE CUSTOMER</b>	
ITEM	DESCRIBE AND SPECIFY AMOUNTS
<input type="checkbox"/> Cell line	
<input type="checkbox"/> Conditioned media	
<input type="checkbox"/> Ascites	
<input type="checkbox"/> Intermediate purification products	
<input type="checkbox"/> Reference sample	
<input type="checkbox"/> Antigen	
<input type="checkbox"/> Other	
YOUR COMMENTS/ADDITIONAL INFO:	