



**Quote Request
NONRECOMBINANT PROTEIN**

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.

PROTEIN INFORMATION			
PROTEIN NAME:	ISOFORM:	ORGANISM	ORGAN
LOCALIZATION			
<input type="checkbox"/> Cytosolic	Specify:		
<input type="checkbox"/> Integral membrane	Specify:		
<input type="checkbox"/> Peripheral membrane	Specify:		
<input type="checkbox"/> Nuclear	Specify:		
<input type="checkbox"/> Secreted	Specify:		
<input type="checkbox"/> Other	Specify:		
FULL LENGTH: <input type="checkbox"/> Yes <input type="checkbox"/> No		ACCESSION NUMBER: GenBank EMBL-Bank DDBJ Swiss-Prot Other	
INSERT SEQUENCE IF NOT IN ANY DATABASE:			
<input type="checkbox"/> Protein sequence <input type="checkbox"/> DNA sequence <input type="checkbox"/> RNA sequence			
MOLECULAR WEIGHT (MW), kDa: Determined by:		SUBUNIT COMPOSITION AND SUBUNIT MWs, kDa:	
KNOWN POSTTRANSLATIONAL MODIFICATIONS: <input type="checkbox"/> Glycosylation <input type="checkbox"/> Phosphorylation <input type="checkbox"/> Lipid Chain <input type="checkbox"/> Other Specify:			
EXTINCTION COEFFICIENT, 280nm:		PROTEIN pI: Theoretical Experimental	
KNOWN ENZYMATIC/BIOLOGICAL ACTIVITIES:		KNOWN ACTIVITY ASSAYS:	
IS REFERENCE SAMPLE AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No Supplier:			



IS THE PROTEIN SOURCE COMMERCIALY AVAILABLE?

Yes No Supplier:

Antibodies available. Recommended supplier:

Other probes available. Specify:

FACTORS THAT AFFECT STABILITY/ACTIVITY:

PROPERTY	SPECIFY
<input type="checkbox"/> Cofactors/Activators	Affinity: Number of binding sites:
<input type="checkbox"/> Inhibitors	K _i : IC ₅₀ :
<input type="checkbox"/> Excipients	
<input type="checkbox"/> pH	
<input type="checkbox"/> Heat	
<input type="checkbox"/> Non-ionic detergents	
<input type="checkbox"/> Other	

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

REQUESTED SERVICES

Cell pellet production

Cell Line: Available from:

Are growth conditions known? Yes No Specify:

Protein purification

Published protocol. Reference:

Reference selected by ARVYS

Customer-supplied protocol.

Existing protocol after adjustment/optimization. Specify:

Novel protocol

Purification method development. Specify:



Assays to be performed by 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"/>	
Activity assay	<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 customer. Specify:

Protein characterization.

SERVICE	SPECIFY
<input type="checkbox"/> Activity characterization	
<input type="checkbox"/> Analytical chromatography	
<input type="checkbox"/> Deglycosylation analysis	
<input type="checkbox"/> Other	

Specialized services. 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	Protocol known: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Paste references and/or your own protocols:
Shipping temperature, °C	
Other	

MATERIALS PROVIDED BY THE CUSTOMER



ITEM	DESCRIBE AND SPECIFY AMOUNTS
<input type="checkbox"/> Cell line	
<input type="checkbox"/> Tissues	
<input type="checkbox"/> Cell pellet	
<input type="checkbox"/> Cell/Tissue lysate	
<input type="checkbox"/> Intermediate purification products	
<input type="checkbox"/> Reference sample	
<input type="checkbox"/> Reference agonist/antagonist	
<input type="checkbox"/> Reference inhibitor	
<input type="checkbox"/> Substrate/Ligand	
<input type="checkbox"/> Antibody	
<input type="checkbox"/> Other	

Your comments/additional information: