

Quote Request RECOMBINANT 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 SPECIFY/COMMENT			
<input type="checkbox"/> Cytosolic			
<input type="checkbox"/> Integral membrane			
<input type="checkbox"/> Peripheral membrane			
<input type="checkbox"/> Nuclear			
<input type="checkbox"/> Secreted			
<input type="checkbox"/> Other			
FULL LENGTH: <input type="checkbox"/> Yes <input type="checkbox"/> No	ACCESSION NUMBER: GenBank EMBL-Bank DDBJ Swiss-Prot Other		
ATTACH 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	
<input type="checkbox"/> Tag. Specify:			
<input type="checkbox"/> Fusion protein. Specify:			
KNOWN ENZYMATIC/BIOLOGICAL ACTIVITIES:		KNOWN ACTIVITY ASSAYS:	



IS REFERENCE SAMPLE AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No Supplier:	
IS cDNA COMMERCIALY AVAILABLE? <input type="checkbox"/> Yes. Supplier: Specify:	
<input type="checkbox"/> Antibodies available. Recommended supplier: <input type="checkbox"/> Dilutions are known. <input type="checkbox"/> 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	
EXPRESSION SYSTEM:	
SYSTEM	COMMENTS
<input type="checkbox"/> <i>E.coli</i> cell line	Describe:
	Expression levels:
	Growth conditions:
<input type="checkbox"/> Mammalian cell line	Describe:
	Expression levels:
	Growth conditions:
PURIFICATION PROTOCOLS (paste references and/or your own protocols):	



REQUESTED SERVICES

- Genetic engineering.
 - Bacterial expression system. Specify:
 - Mammalian expression system. Specify:

Expression optimization. Specify:

Growth conditions optimization. Specify:

Raw material production. Scale, L:

- Protein purification
 - Published protocol. Reference: .
 - Reference selected by ARVYS:
 - Standard protocol.
 - 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"/>	
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:

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	
Digest/remove tag	
Digest/remove fusion protein	
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 CUSTOMER

ITEM	DESCRIBE AND SPECIFY AMOUNTS
<input type="checkbox"/> cDNA	
<input type="checkbox"/> Vector	
<input type="checkbox"/> DNA Construct	
<input type="checkbox"/> Cell line	
<input type="checkbox"/> Conditioned media	
<input type="checkbox"/> Cell pellet	
<input type="checkbox"/> Cell lysate	
<input type="checkbox"/> Intermediate purification products	
<input type="checkbox"/> Reference sample	
<input type="checkbox"/> Reference agonist/antagonist	

