



**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 | | |
| 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 | | |
| <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 | |
| <input type="checkbox"/> Other | |
| 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 | |
| <input type="checkbox"/> Genetic engineering. <input type="checkbox"/> Bacterial expression system. Specify: <input type="checkbox"/> Mammalian expression system. Specify: | |
| <input type="checkbox"/> Expression optimization. Specify: | |
| <input type="checkbox"/> Growth conditions optimization. Specify: | |
| <input type="checkbox"/> Raw material production. Scale, L: | |
| <input type="checkbox"/> Protein purification <input type="checkbox"/> Published protocol. Reference: . <input type="checkbox"/> Reference selected by ARVYS: <input type="checkbox"/> <input type="checkbox"/> Standard protocol. <input type="checkbox"/> Customer-supplied protocol. <input type="checkbox"/> 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 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 | |
| <input type="checkbox"/> Reference inhibitor | |
| <input type="checkbox"/> Substrate/Ligand | |
| <input type="checkbox"/> Antibody | |
| <input type="checkbox"/> Other | |

Your comments/additional information: