



**Quote Request
WESTERN BLOT ASSAY**

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.

SERVICES REQUESTED	
<input type="checkbox"/> Western Blot Assay performance	<input type="checkbox"/> Western Blot Assay development
PROJECT GOAL:	
PROJECT TIMEFRAME: <input type="checkbox"/> Immediate <input type="checkbox"/> Other. Specify:	
WESTERN BLOT ASSAY FORMAT: <input type="checkbox"/> SDS-PAGE-Western <input type="checkbox"/> Native-PAGE – Western <input type="checkbox"/> Dot blot	
MEMBRANES TO BE USED: <input type="checkbox"/> Nitrocellulose <input type="checkbox"/> PVDF	
DETECTION ANTIBODY: <input type="checkbox"/> Primary antibody <input type="checkbox"/> Secondary Antibody	
DETECTION METHOD: <input type="checkbox"/> Chemiluminescence. <input type="checkbox"/> Other. Specify:	
SCOPE OF WORK REQUESTED: <input type="checkbox"/> Preparation of the test sample <input type="checkbox"/> Optimization of blotting conditions (presentation of an antigen for visualization) <input type="checkbox"/> Selection of a primary antibody from commercial sources <input type="checkbox"/> Selection of a primary antibody from antibodies provided by customer. <input type="checkbox"/> Selection of a detection antibody, if uncommon. <input type="checkbox"/> Antibody conjugation. <input type="checkbox"/> Staining conditions (membrane blotting conditions, antibody dilutions, detection method)	
REFERENCES, IF ANY (paste references or your own protocols):	
NUMBER OF SAMPLES TO BE ANALYZED (check what is relevant for your project): Total number of samples:	



Samples per week:
Samples per month:

ANTIGEN INFORMATION

TYPE OF ANTIGEN(S):

Protein
 Carbohydrate
 Lipid
 Peptide
 Small Molecule

ANTIGEN(S) NAME / ISOFORM / ORGANISM / SOURCE OF ANTIBODIES

#	ANTIGEN NAME	ANTIGEN INFORMATION: MW/SUBUNIT COMPOSITION/pI ISOFORM/ ORGANISM SEQUENCE/ACCESSION NUMBER FUNCTIONAL ACTIVITY OTHER HELPFUL INFORMATION	SOURCE OF A PRIMARY ANTIBODY	SOURCE OF A POSITIVE CONTROL FOR ANTIGEN
1				
2				
3				
4				
5				

KNOWN FACTORS THAT AFFECT ANTIGEN VISUALIZATION (refer to antigen's # from above, if multiple antigens)

CHECK	CONDITION	ANTIGEN (Ag)				
		Ag1	Ag2	Ag3	Ag4	Ag5
<input type="checkbox"/>	Cofactors					
<input type="checkbox"/>	Excipients					
<input type="checkbox"/>	pH					
<input type="checkbox"/>	Heat					
<input type="checkbox"/>	Non-ionic detergents					
<input type="checkbox"/>	SDS or LDS					
<input type="checkbox"/>	Urea or Guanidine					
<input type="checkbox"/>	Methanol					
<input type="checkbox"/>	Other					

TEST SAMPLE INFORMATION

TEST SAMPLE
(indicate estimated antigen
abundance - H for high, M or
medium, L for low)

DESCRIPTION (include or attach protocol, if to be prepared by ARVYS)



TEST SAMPLE 1 Ag1: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag2: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag3: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag4: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag5: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
TEST SAMPLE 2 Ag1: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag2: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag3: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag4: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag5: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
TEST SAMPLE 3 Ag1: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag2: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag3: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag4: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L Ag5: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	
ITEMS PROVIDED BY CUSTOMER	
<input type="checkbox"/> Positive control for antigen(s). Specify: <input type="checkbox"/> Primary antibody(ies). Specify: <input type="checkbox"/> Test sample(s). Specify:	
YOUR COMMENTS/ADDITIONAL INFORMATION:	