

**CUSTOM-MADE MONOCLONAL ANTIBODY SERVICE ANTIGEN INFORMATION**

Date:

PO#:

SHIPPING INFORMATION

Company:	
Address:	
Recipient:	Phone:

BILLING INFORMATION

Company:	
Address:	
Billing Contact:	Phone:

Antigen:.....  
Source:..... Tissue:.....  
Natural protein:.....  
Recombinant DNA-derived protein:.....  
Fusion protein (specify):..... MW (specify method):.....  
Quantity:.....  
Concentration:..... Dissolved in:..... % Purity:.....  
Recommendation on storage:.....  
Recommendation on handling:.....  
Solubility:.....  
Technical reference (related to preparation, application or explanation of the antigen):.....  
.....

*This form must accompany any orders of an antigen-related service.*

**FOR OFFICE USE ONLY**

Customer:..... Acc #:.....

Date antigen received:..... Expected date of delivery:.....