

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:.....