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Custom Peptide Antibody and Monospecific Polyclonal Fax Form

Customer Information

Customer Name:

Department:

Company/Inst.:

Shipping Address:

City, State, Zip:

Room/Building:

Phone:

Fax:

Email:

Billing Information

Billing Contact:

Company/Inst.:

Billing address:

City, State, Zip:

Room/Building:

Phone:

Fax:

Email:

PO or CC number or Quote Request Only:

Desired Protocol:

- 2 SPF rabbit 90 day 2 Chicken 80 day 1 Goat 120 Day
 2 SPF rabbit 90 day 2 Rat 80 day 5 Mouse 80 day
 2 SPF rabbit 120 day 2 Guinea Pig 80 day

Number of additional animals(if any) _____

List each order separately writing the peptide sequence with the one-letter amino acid code from n-terminus to c-terminus. Also mark the carrier protein (KLH is preferred) and if affinity purification is wanted. List any additional services wanted in the right margin.

Antibody Order 1:	
Peptide name: _____	Conjugation: <input type="checkbox"/> KLH <input type="checkbox"/> BSA <input type="checkbox"/> MAP <input type="checkbox"/> Other
	Purification: <input type="checkbox"/> Affinity <input type="checkbox"/> IgG/Y <input type="checkbox"/> None
Peptide sequence:n-term _____ c-term	

Antibody Order 2:	
Peptide name: _____	Conjugation: <input type="checkbox"/> KLH <input type="checkbox"/> BSA <input type="checkbox"/> MAP <input type="checkbox"/> Other
	Purification: <input type="checkbox"/> Affinity <input type="checkbox"/> IgG/Y <input type="checkbox"/> None
Peptide sequence:n-term _____ c-term	

Fax to 256-704-4849