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Supplied Antigen Antibody Order 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) _____

Indicate each protein or supplied peptide for antibody production separately. Include the protein buffer, the concentration of the protein in solution, and the total amount of protein. If the material is lyophilized or in the form of gel-slices, then only state the total weight. Any buffer is suitable for antibody production as long as it does not contain any organic solvents or detergents such as urea or DMSO.

Supplied Antigen:	
Conjugation: <input type="checkbox"/> KLH <input type="checkbox"/> BSA <input type="checkbox"/> MAP Other: _____	
Purification: <input type="checkbox"/> Affinity <input type="checkbox"/> IgG/Y <input type="checkbox"/> None	
Protein/Peptide Name: _____	Molecular weight: _____kDa
Concentration: _____	Total amount: _____mg
Buffer components: _____	
Supplied Antigen:	
Conjugation: <input type="checkbox"/> KLH <input type="checkbox"/> BSA <input type="checkbox"/> MAP Other: _____ Already Conjugated with _____	
Purification: <input type="checkbox"/> Affinity <input type="checkbox"/> IgG/Y <input type="checkbox"/> None	
Protein/Peptide Name: _____	Molecular weight: _____kDa
Concentration: _____	Total amount: _____mg
Buffer components: _____	

Fax to 256-704-4849