

REQUEST FORM FOR A MONOCLONAL ANTIBODY

So that we can meet your requirements, please provide as much information as possible.
If you have any questions, feel free to call us, and we will be happy to assist you.



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Mailing Address	
Contact (E-Mail, phone, FAX)	
Company/Institution	
Dept./Bldg./Room#	
Address 1	
Address 2	
City, ZIP code, Country	

Shipping Address (if different)	
Contact	
Company/Institution	
Dept./Bldg./Room#	
Address 1	
Address 2	
City, ZIP code, Country	

Billing Address (if different)	
Contact	
Company/Institution	
Dept./Bldg./Room#	
Address 1, VAT-number	
Address 2	
City, ZIP code, Country	

Antigen Information	
Name of Immunogen:	Name of ELISA Antigen:
Origin of immunogen: <input type="checkbox"/> Mouse <input type="checkbox"/> Human <input type="checkbox"/> Rat <input type="checkbox"/> Yeast <input type="checkbox"/> E.coli <input type="checkbox"/> Other:	Origin of antigen: <input type="checkbox"/> Mouse <input type="checkbox"/> Human <input type="checkbox"/> Rat <input type="checkbox"/> Yeast <input type="checkbox"/> E.coli <input type="checkbox"/> Other:
Molecular weight:	Molecular weight:
Is the sequence of the immunogen available ? <input type="checkbox"/> Yes <input type="checkbox"/> No If „Yes“, please include the sequence information:	Is the sequence of the antigen available ? <input type="checkbox"/> Yes <input type="checkbox"/> No If „Yes“, please include the sequence information:
Does your immunogen have known homologs in other species ?	Does your antigen have known homologs in other species ?
TAG or conjugat:	TAG or conjugat:
Storage conditions: <input type="checkbox"/> -70°C <input type="checkbox"/> -20° <input type="checkbox"/> 2-8°C	Storage conditions: <input type="checkbox"/> -70°C <input type="checkbox"/> -20° <input type="checkbox"/> 2-8°C
Number of vials:	Number of vials:
Volume of vials:	Volume of vials:
Concentration:	Concentration:
Human/animal health hazard? <input type="checkbox"/> yes <input type="checkbox"/> no	Human/animal health hazard? <input type="checkbox"/> yes <input type="checkbox"/> no
Precautions:	Precautions:

Species and Protocol Information		
Animal species: <input type="checkbox"/> Mouse <input type="checkbox"/> Other	Strain: <input type="checkbox"/> Balb/c <input type="checkbox"/> NZB	Gender: <input type="checkbox"/> ♀ <input type="checkbox"/> ♂
Number of animals needed/Immunogen:		
Use ANTIBODY FACILITY immunization protocol: <input type="checkbox"/> yes <input type="checkbox"/> no or <input type="checkbox"/> special instructions attached		
ELISA to be done by _____ : <input type="checkbox"/> BSBS Antibody Facility <input type="checkbox"/> customer		
Western-Blot to be done by: <input type="checkbox"/> BSBS Antibody Facility <input type="checkbox"/> customer		

Biochemical Service		
ELISA:	<input type="checkbox"/> yes <input type="checkbox"/> no	
Conjugation:	<input type="checkbox"/> yes <input type="checkbox"/> no	Type: <input type="checkbox"/> KLH <input type="checkbox"/> BSA <input type="checkbox"/> Other:
Peptide synthesis:	<input type="checkbox"/> yes <input type="checkbox"/> no	Sequence:
Note : Conjugation is essential for both immunogen and screening antigen peptides <15kDa; and is recommended for such antigen/immunogen between 15 and 30kDa.		
Special instructions:		

Fusion und Clonselection			
Myeloma cell line:	<input type="checkbox"/> NS-1 (Mouse)	<input type="checkbox"/> NS-0 (Mouse)	<input type="checkbox"/> P3x763Ag8.653 (Mouse) <input type="checkbox"/> Other:
Special instructions:			
Screening antigen ELISA:			
Western-Blot screening extract:			
Special instructions:			

Antibody Production		
In Vitro		Special instructions
<input type="checkbox"/> Static cell culture	Quantity:	
<input type="checkbox"/> miniPerm Bioreactor	Quantity:	
<input type="checkbox"/> Sera-free/protein-free	Quantity:	

Special instructions

To place your order, please complete the form and submit it with your antigen to the listed address.

Date Signature Customer

Date Signature BSBS Antibody Facility