

# Peptide Synthesis and Anti-Peptide Antibody Production Order Form



12571 S.W. Main St., Tigard, Oregon 97223 USA  
Phone: (503) 598-8766 Fax: (503) 598-8746

## CONTACT AND SHIPPING ADDRESS

(This individual will receive shipment and all notices)

P.I. NAME \_\_\_\_\_  
 CONTACT NAME  Dr.  Mr.  Ms. \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_  
 INSTITUTION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE (PROVINCE) \_\_\_\_\_  
 ZIP (POSTAL) CODE/COUNTRY \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_

## DATE OF ORDER:

## BILLING ADDRESS

NAME \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_  
 INSTITUTION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE (PROVINCE) \_\_\_\_\_  
 ZIP (POSTAL) CODE/COUNTRY \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 EMAIL \_\_\_\_\_

## PEPTIDE SEQUENCE(S) (Please type clearly with large letters)

PEPTIDE #1 \_\_\_\_\_ NO. OF HENS \_\_\_\_\_  ELISA  AFFINITY PURIFICATION  
 PEPTIDE #2 \_\_\_\_\_ NO. OF HENS \_\_\_\_\_  ELISA  AFFINITY PURIFICATION  
 PEPTIDE #3 \_\_\_\_\_ NO. OF HENS \_\_\_\_\_  ELISA  AFFINITY PURIFICATION

-The purified antibodies we produce will be supplied in a solution of 1XPBS containing 0.02% Sodium Azide as a preservative.

If you do not want preservative in the final solution, please check the box .

If you prefer an alternate preservative (e.g., Thimerosal), please check the box and note comments below .

-Do you want us to purify the synthesized peptide beyond what we normally do for Anti-Peptide Antibody Production?  YES  NO

-Do you want us to modify any of the residues (e.g., Phospho- or Nitro- Residues). If so, note in the sequence above.  YES  NO

-Please indicate if you would like us to label your Affinity-Purified Antibodies  NO

YES, labeled with  Biotin  HRP  FITC

Fraction to be labeled (e.g., 100%, 50%, 25% etc.) \_\_\_\_\_

## COMMENTS:

## HOW DID YOU HEAR ABOUT US?

ADVERTISING:  CELL  SCIENCE  THE-SCIENTIST.COM  BIOCOMPARE.COM  BIOMEDCENTRAL.COM  
 DIRECTMAIL  PREVIOUS CLIENTS  WEB SEARCH  OTHER: \_\_\_\_\_

## PURCHASING INFORMATION

METHOD OF PAYMENT    PURCHASE ORDER NUMBER \_\_\_\_\_

CREDITCARD NUMBER

-    
 EXPIRATION DATE

PRINTNAME AS IT APPEARS ON CARD

SIGNATURE