

Polyclonal 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)

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

DATE OF ORDER:

BILLING ADDRESS:

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

BRIEF DESCRIPTION OF ANTIGEN

(This description will be used to label your purified antibodies)

ANTIGEN #1 _____ NO. OF HENS _____ ELISA AFFINITYPURIFICATION
 ANTIGEN #2 _____ NO. OF HENS _____ ELISA AFFINITYPURIFICATION
 ANTIGEN #3 _____ NO. OF HENS _____ ELISA AFFINITYPURIFICATION

DESCRIPTION OF VEHICLE SOLUTION

(Be sure to read "How to Prepare your Antigen")

	Solution	Antigen Concentration	# of Vials	Volume/Vial
ANTIGEN #1	_____	_____	_____	_____
ANTIGEN #2	_____	_____	_____	_____
ANTIGEN #3	_____	_____	_____	_____

-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 0.01%), please check the box and note in the comments below .

COMMENTS:

HOW DID YOU HEAR ABOUT US?

ADVERTISING: CELL SCIENCE NATURE.COM BIOCOMPARE.COM TRADE SHOW
 DIRECTMAIL PREVIOUS CLIENTS WEB SEARCH OTHER: _____

PURCHASING INFORMATION

METHOD OF PAYMENT   PURCHASE ORDER NUMBER _____

CREDITCARD NUMBER

-
 EXPIRATIONDATE

PRINTNAME AS ITAPPEARS ON CARD

SIGNATURE