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|  | Custom Monoclonal Antibody Request FormTel: (888) 466-3604; Fax: (925) 215-2184Email: orders@bosterbio.com |

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| Quotation # |  |  | P.O. # |  |
| Investigator: |  |  | Purchasing Agent: |  |
| Phone: |  |  | Phone: |  |
| Fax: |  |  | Fax: |  |
| Email: |  |  | Email: |  |

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| Project Information |
| Name of Immunogen: |
| Format (e.g. liquid, powder, gel, etc.) |
| Storage Conditions: [ ]  -70 [ ]  -20 [ ]  2-8 |
| Number of Vials: |
| Volume per Vial: |
| Concentration: |
| Human/Animal Health Hazard: [ ]  Yes [ ]  No |
| Precautions: |
| Animal Species Requested: |
| Use Boster Immunization/Bleed Protocol: [ ]  Yes [ ]  No Or [ ]  Special instructions attached.\*\* Please note that prior to starting a project, each protocol must be approved by the institution's IACUC and Boster, as it relates to the animal welfare at Boster Biological Technology, Ltd.  |
|  | Mailing Address |
| Contact |  |
| Company/Institution |  |
| Dept./Bldg./Room # |  |
| Address |  |
| City, State, Zip |  |
|  | Shipping Address (if different) |
| Contact |  |
| Company/Institution |  |
| Dept./Bldg./Room # |  |
| Address  |  |
| City, State, Zip |  |
|  | Billing Address (if different) |
| Contact |  |
| Company/Institution |  |
| Dept./Bldg./Room # |  |
| Address |  |
| City, State, Zip |  |

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| **Fusion and Clone Selection:** |
| **Immunoglobulin Class Wanted:** | [ ]  IgG | [ ]  IgM | [ ]  Either | [ ]  Other |
| Special Instructions: |  |
| **Primary Plates First Assay:** |
| Method: |  | [ ]  ELISA | [ ]  Western | [ ]  Other |  |  |
| Special Instructions: |  |
| **Primary Plates Second Assay:** |
| Method: |  | [ ]  ELISA | [ ]  Western | [ ]  Other |  |  |
| Special Instructions: |  |
| **Re-clone Plates Assay:** |
| Method: |  | [ ]  ELISA | [ ]  Western | [ ]  Other |  |  |
| Special Instructions: |  |

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| **Antibody Production:**  |
| **[ ]  In Vivo (ascites):** 5 Mice per Clone **[ ]  In Vitro:**  Tissue Culture, 10 ml Supernatant from Each Clone |
| **Signature:**  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |