

PROMOTION CODE: _____

Investigator:		Covance Quote #:
Salutation: Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Investigator E-Mail Address:
Investigator Phone #: ()		Investigator Fax #: ()
P.O. or Credit Card#:	P.O. Limit:	Exp. Date:
Purchasing Agent/Name on Card:	Purchasing Phone #: ()	Purchasing Email:

	Shipping Address	Billing Address (if different)
Contact Name		
Company/Institution		
Street Address		
Dept./Bldg./Room #		
City, State, Zip, Country		

Cell Line Information-Please complete one form per cell line		
Formal Name of Cell Line:		Name of Cell Line on Vial Label:
Format: <input type="checkbox"/> Frozen <input type="checkbox"/> In Culture		Mycoplasma Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown
# of Vials:	# of Cells/Vial:	Immunoglobulin Class & Subclass:
List Growth Conditions and Media Requirements:		
<p>*Note: Past production yield and media information will allow us to optimize production more efficiently.</p>		
Strain of Spleen Donor:	Myeloma Type:	# of Mice to be Used:
Perform mycoplasma testing : <input type="checkbox"/> Yes <input type="checkbox"/> No (without current mycoplasma test results, cells will be handled as unknown)		

Immunochemistry and Cell Culture Services	
Clone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Isotype <input type="checkbox"/> Yes <input type="checkbox"/> No
ELISA: <input type="checkbox"/> Yes <input type="checkbox"/> No	Screening Antigen Name:
Purification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: Protein A <input type="checkbox"/> Protein G <input type="checkbox"/> Affinity <input type="checkbox"/> Other:
Freeze Additional Vials: <input type="checkbox"/> Yes <input type="checkbox"/> No (none will be frozen without instruction to do so)	Store Cells at Covance: <input type="checkbox"/> Yes <input type="checkbox"/> No
How many?	How many vials?
Special Instructions:	

Assurance Statement

Quality service and ethical treatment of animals is of paramount importance to Covance. Our programs are AAALAC International accredited, and meet or exceed USDA Research License requirements, as well as those of the "Guide for Care and Use of Laboratory Animals". To comply with the USDA Animal Welfare Act, please provide your signed assurance that this project does not unnecessarily duplicate previous efforts, that alternatives to animal use have been considered and that the number of animals requested is the minimum necessary.

Signature: _____

Date: _____

Placing Your Order

- Complete this form including the signed assurance statement and submit with your cells to the below address. Projects will not be initiated without the signed assurance statement. Arrangements with Covance should be made prior to shipping cells.
- When requesting production from a cell line we have in house, you may fax this form to the below number.
- A Purchase Order number or credit card number is required for any order. Projects will not be initiated without proper billing information.
- Any services requested in this form but not quoted will be performed and billed accordingly. Please advise if you require an updated quote.

For Questions Call: 800-345-4114 or 717-336-4921

Shipping Your Material:

Covance Research Products Inc.
Attn: Immunology Services
465 Swampbridge Road
Denver, PA 17517

Faxing Your Order:

Fax: 717-336-3481

For Internal use only:

Scheduler: _____ **Checker:** _____ **Date:** _____