

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		

**Some buffers and additives will interfere with binding and other activities or processes.
The more information we know about your material and all its components, the better we
will be able to meet your needs and expectations.**

Antigen Information	Sample Information
Type: Protein <input type="checkbox"/> Peptide <input type="checkbox"/>	Type: Antisera <input type="checkbox"/> Ascites <input type="checkbox"/> TC Supernatant <input type="checkbox"/> Other <input type="checkbox"/> :
Name:	Volume:
Sequence:	Species:
Storage Temp: 2-8°C <input type="checkbox"/> -20°±10°C <input type="checkbox"/> -80°±10°C <input type="checkbox"/>	Isotype (if applicable):
Condition: Lyophilized <input type="checkbox"/> In Solution <input type="checkbox"/>	Storage Temp: 2-8°C <input type="checkbox"/> -20°±10°C <input type="checkbox"/> -80°±10°C <input type="checkbox"/>
If in Solution: Buffer Components: Protein Concentration: Dialysis into PBS possible: Yes <input type="checkbox"/> No <input type="checkbox"/>	Concentration: Buffer components: Other specifications:
Human/Animal Health Hazard Yes <input type="checkbox"/> No <input type="checkbox"/> ***Please provide MSDS if applicable	Human/Animal Health Hazard Yes <input type="checkbox"/> No <input type="checkbox"/> ***Please provide MSDS if applicable

Antigen Specific Affinity Purification (codes will correspond to those on your quote)

- ☐ 110 ml antisera, 3 passes over column, 10 mg antigen coupled to column (AFPN)
☐ 50 ml antisera, 1 pass over column, 5 mg antigen coupled to column (AFSP)
☐ 25 ml antisera, 1 pass over column, 2 mg antigen coupled to column (AFSC)
☐ 110 ml antisera, 3 passes over column, 10 mg non-phosphorylated antigen coupled to column, >98% antibody removed (AFNN)
☐ 110 ml antisera, positive and negative purification (for isolation of phospho specific antibodies) (AFNN/AFPNN)
☐ Other: Please specify:

Immunoglobulin Purification

- ☐ Protein A Purification, Volume:
☐ Protein G Purification, Volume:
☐ IgY Purification (please specify number of eggs):
☐ Other (please specify):

Purified Product Specifications	
Final Buffer (if other than PBS): Final Desired Concentration (if greater than ~1.0mg/ml): Shipping Conditions: Wet Ice <input type="checkbox"/> Dry Ice <input type="checkbox"/> Preservatives: Stabilizers:	
Antibody Characterization	
<input type="checkbox"/> ELISA: Number of Samples: <input type="checkbox"/> Isotype(mouse only): Number of Samples: <input type="checkbox"/> LAL Testing: Number of Samples:	
Antibody Labeling / Conjugation	
<input type="checkbox"/> FITC <input type="checkbox"/> Alkaline Phos <input type="checkbox"/> HRP <input type="checkbox"/> Alexa Fluor TM <input type="checkbox"/> Biotin <input type="checkbox"/> Other:	
Quantity to be Labeled:	
Special Instructions:	
<div style="display: flex; justify-content: space-between;"> Signature: Date: </div>	
<u>Placing Your Order</u>	
<ul style="list-style-type: none"> • Complete this form and submit with your material to the below address. Projects will not be initiated without this completed form. • When requesting processing or testing on material 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	
<u>Shipping Your Material:</u> Covance Research Products Inc. Attn: Immunology Services 465 Swampbridge Road Denver, PA 17517	<u>Faxing Your Order:</u> Fax: 717-336-3481
For Internal use only: Scheduler: _____ Checker: _____ Date: _____	