

**Order Sheet For Custom Antiserum Service (form # CAB-F1)**  
(This pdf-form can be filled using a computer and emailed or faxed) Please complete 1 form/project.

**1. Antigen Name or Peptide Sequence**.....

Please Complete this section *only if you are supplying the antigens* (proteins or peptides) & check optional services in Sections 2 and 3 (Do not use this form for Custom Peptide synthesis and Antibody service)

- Natural,  Recombinant (GST, His, MBP, Flag or ....);  Synthetic:  Purity .. ..%,.  Mol. Wt (# AA.....)  
 BSA-conjugate;  KLH-conjugate;  Conc.....mg/ml;  Total Supplied .....ml;  Buffer.....

**2. Standard Custom Antiserum Services** (All Std. antibody packages include **antibodies** in **2 rabbits** std 63 days protocol. **Additional non-std. services** (optional at additional cost) should be checked if **Conjugation, ELISA, affinity purification, IgY purification or additional animals** or other services are desired.

- Standard 63 days,  Extend protocol beyond 63 days (All projects will terminate at the schedule date unless special arrangements are made 1 week before the termination date)

**Animals required:**  Rabbit,  Goat,  Sheep,  Chicken,  G. Pig,  Others \_\_\_\_\_

# of animals:  One,  Two,  Three,  Four per antigen (Add \$250 for each Rabbit/Chicken/G. pig)

**3. Optional Services** may be requested at additional cost.

- Coupling** to:  KLH;  BSA;  Others . (couple 5-6 mg peptide for Ab production unless requested otherwise) \$195  
 Ab titer monitoring by **ELISA** on preimmune and  first, (\$125)  second or any subsequent bleeds (optional @\$75)..  
 **Affinity purification** on peptide-Sepharose Column (\$595). Please couple ..... mg peptide and Purify .....# .bleed (We couple ~2-5 mg peptide to Sepharose; if no rabbit and bleed # is provided then we pool sera from bleed # 2 for purification).  
 Collect ..... (specify #) dozen **eggs** per animal;  Ship eggs without processing,  Purify IgY from 6 eggs (\$295.00)

**4. Billing/Shipping Information** (Please **Complete this sheets and fax it with PO #** or send with antigen)

**Purchase Order #** .....(Please fax actual copy of PO for our records); **Date:** .....

**Name of the PI** ..... **Contact Person** .....

**Phone** : ..... **Fax**..... **Email:** .....

**Shipping Address:** ..... **Billing Address:** .....

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..... **Acct/Payable Phone:** .....

**5. USDA and IACUC Certification**

I Certify that the supplied antigen is NOT a live bacteria/virus, animal/human pathogen or toxic to animals and it has no known safety concerns to animals or lab. Personnel handling this antigen. Animal/species selection or number required for this project are appropriate and do not unnecessarily duplicate previous work. **This certification is required** for inclusion in our IACUC approval program. ADI does NOT accept protocols that do not properly identify each antigen and its source and do not conform to these IACUC guidelines for handling and use of animals for research. We will not start your project without this certificate. **By writing the initials (in pdf-fillable form) or checking the signature box will constitute your approval and acceptance to our program.**

All Projects are performed on best effort basis. No specific assurance, expressed or implied, is given that animals will produce a desired immune response. We guaranty an acceptable, minimal (1:1K) ELISA titer or the project is repeated at no cost.

Principal Investigator (please print name) \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Initials Date



**Ship antigens to: New Address effective. Aug. 14, 2006:**  
Alpha Diagnostic Intl., 6203 Woodlake Center Dr, San Antonio, TX 78244, USA  
☎ Toll Free (800) 786-5777; (210) 561-9515; **Fax** : (210) 561-9544  
**Email:** service@4adi.com **Web Site:** www.4adi.com 70405A