



LAMPIRE BIOLOGICAL LABORATORIES

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Immunochemistry Form

| | |
|---------------|---|
| Company: | Location: |
| Investigator: | Date Materials Available: _____ Anticipated Ship Date: _____ |

Sample Information

| Project Name: _____ | | | | <input type="checkbox"/> Serum <input type="checkbox"/> Eggs <input type="checkbox"/> Monoclonal Supernatant <input type="checkbox"/> Ascites Fluid / Isotype _____ <input type="checkbox"/> Other: _____ |
|-------------------------------|----------------------------|--------------|---------|--|
| Immunogen(s): _____ | | | | |
| Animal ID / Cell Line / Lot#: | Sample Collection Date(s): | Sample Type: | Amount: | Pooling Strategy: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Immunochemistry Services

| | |
|---|--|
| 1. Type of Purification | <input type="checkbox"/> One Step <input type="checkbox"/> Two Step (See W/O Information Below) <input type="checkbox"/> PEG Precipitation <input type="checkbox"/> Protein A <input type="checkbox"/> Protein G Affinity Chromatography: <input type="checkbox"/> SulfoLink Resin <input type="checkbox"/> Avidin Agarose <input type="checkbox"/> AffiGel <input type="checkbox"/> Other: _____ <input type="checkbox"/> AffiGel – Ammonium Sulfate |
| 2. Column Use Requirements | <input type="checkbox"/> Dedicated <input type="checkbox"/> Re-usable (Protein A & G typically) <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____ |
| 3. Antigen(s) Required (unique identifier and amount provided) | |
| 4. Peptide Sequence | |
| 5. Final Concentration | <input type="checkbox"/> As is (no concentration) <input type="checkbox"/> ≥1 mg / mL <input type="checkbox"/> Other: _____ |
| 6. Final Buffer | <input type="checkbox"/> 1X PBS, pH 7.4 <input type="checkbox"/> Other: _____ |
| 7. Preservatives | <input type="checkbox"/> ≤0.09% Na Azide <input type="checkbox"/> Other: _____ |
| 8. Aliquot (additional cost) | <input type="checkbox"/> Yes (size _____) <input type="checkbox"/> No |
| 9. Storage / Shipping Conditions | <input type="checkbox"/> Refrigerated (2-8°C) <input type="checkbox"/> Frozen (-10°C or colder) |
| 10. Type of Testing Required | Included: A280 Additional Cost: <input type="checkbox"/> BCA <input type="checkbox"/> Bradford <input type="checkbox"/> Isotype <input type="checkbox"/> HPLC <input type="checkbox"/> Western Blot <input type="checkbox"/> IEF <input type="checkbox"/> SDS-PAGE: <input type="checkbox"/> Non-Reduced <input type="checkbox"/> Reduced <input type="checkbox"/> Activity ELISA: <input type="checkbox"/> Recovery <input type="checkbox"/> Inhibition <input type="checkbox"/> Other: _____ |
| 11. Work Order Information: | |

| Customer Service | | | |
|-------------------------|--|-------------------|--|
| Customer Code: | | Ship to Code: | |
| PO Number: | | Courier & Acct #: | |
| Bill To: | | Ship To: | |
| Shipping Information: | | | |
| Invoice Information: | | | |

Prepared By: _____

Date: _____

Reviewed By: _____

Date: _____

Requested Need by Date of Technical Review (typically 2 business days):

Date: _____

Technical Review By: _____

Date: _____

Send Completed form to Project Manager