

# Polyclonal Antibody Project Initiation Form

## 1. General Information

Company /Institution:	Project Name / Number:
Investigator Name:	PO#
Contact Name:	Credit Card# + CCV Code
Phone:	(Name on Card + Exp Date):
Fax:	E-mail:

## 2. Billing / Shipping Information

Accounts Payable contact:	Ship to contact:
Company:	Company:
Dept./Bldg./Room#:	Dept./Bldg./Room#:
Address:	Address:
City, State, Zip	City, State, Zip
Phone:	Carrier (FedEx, UPS, etc.)
Fax:	Your carrier#:

## 3. Antigen Information

Immunogen name:	Screening antigen name:
Additional Antigen Lead Time	Additional Antigen Lead Time
Format (liquid, powder, etc.) <sup>1</sup>	Format (liquid, powder, etc.) <sup>1</sup>
Tag or conjugate name:	Tag or conjugate name:
Storage conditions: <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C	Storage conditions: <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C
No. of containers:	No. of containers:
Volume per container:	Volume per container:
Concentration/ Dosage: Conc:          Dose:	Concentration:
Potentially Biohazardous? <sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	Potentially Biohazardous? <sup>2</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No
Handling instructions (required if biohazardous):	Handling instructions (required if biohazardous):

**1- Antigens supplied in a gel slice will incur a \$75 processing fee**

**2- If attenuated, please provide documentation**

## 4. Protocol Selection (Please Check Only One)

<input type="checkbox"/> CLASSIC-LINE Basic	(98-day protocol)	<b>Scope of Work</b>  <input type="checkbox"/> A Scope of Work for my project is attached  <input type="checkbox"/> N/A
<input type="checkbox"/> CLASSIC-LINE Extended	(98-day protocol with monthly extension)	
<input type="checkbox"/> EXPRESS-LINE Basic	(50-day protocol)	
<input type="checkbox"/> EXPRESS-LINE Plus	(50-day protocol w/ terminal bleed at day 57)	
<input type="checkbox"/> EXPRESS-LINE Extended	(50-day protocol with monthly extension)	
<input type="checkbox"/> OTHER	(Please attach custom protocol)	

## 5. Species and Number of Animals

<input type="checkbox"/> Rabbit(s)	<input type="checkbox"/> Goat(s)	<input type="checkbox"/> Sheep	<input type="checkbox"/> Chicken(s)	<input type="checkbox"/> Mice	<input type="checkbox"/> Rat(s)	<input type="checkbox"/> Other: _____
Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____	Qty: _____

## 6. Immunochemistry Services

ELISA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Day 0 and Test Bleed Only	<input type="checkbox"/> All Bleeds	<input type="checkbox"/> Other:
Purification	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Protein A	<input type="checkbox"/> Protein G	<input type="checkbox"/> Other:
Conjugation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> KLH	<input type="checkbox"/> BSA	<input type="checkbox"/> Other:
Peptide Synthesis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sequence:		

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## 7. Labeling and Shipping Instructions

- Test and Production Bleeds shipped individually (default)
- Ship ALL bleeds at the end of the protocol
- Other: Please indicate any special shipping instructions in the box below or contact Lampire's Project Management

Please label your antigen(s) accordingly as described below. Improperly labeled antigen(s) may delay the start of your project.

**Client Name, Antigen Name, Project Name, Conjugate, Concentration, and Volume**

**Also, please provide Lampire the lead time if additional Antigen is required**

Print a copy of the completed form for your records.

Submit completed form via EMAIL or fax completed form to 215-795-0237

Unless otherwise instructed by LAMPIRE project management, ship antigen and a copy of this completed form to:

**LAMPIRE Biological Laboratories, Inc.  
Attn: Antigen Receiving Dept.  
255 Industrial Blvd. Everett, PA 15537**

## 8. IACUC (Institutional Animal Care and Use Committee) Requirements

Lampire Biological Laboratories, Inc., in compliance with federal regulations, presents each animal-use project to IACUC (Institutional Animal Care and Use Committee) for approval prior to project initiation. Criteria for acceptance of a project are established in 9CFR, Chapter 1: Animal and Plant Health Inspection Service, USDA, Subchapter A- Animal Welfare.

To expedite initiation of your project, please complete the following questions and assurances as thoroughly as possible. If your company or institution is a USDA-registered facility with an IACUC of its own, Lampire may accept an approved Animal-Use Proposal from that committee. If any questions arise during our IACUC review of your project, you may be contacted for clarification.

**Please briefly state your rationale for the appropriateness of the species of animals used for this activity:**

*(i.e., "Goats are appropriate host animals due to the volume of serum required in our project." Or "Sheep are appropriate host animals due to their immunologic response to the antigen refinements" or "Donkeys are appropriate host animals for this project as the characteristics of their antisera are consistent with established requirements for further manufacturing")*

**Please briefly state your rationale for the number of animals used for this activity:**

*(i.e., "One animal will yield an adequate volume of antiserum for determining an antibody response." or "Three animals will yield an adequate volume of antiserum for testing purposes." or "Ten animals will yield the necessary volume of antiserum required for manufacturing purposes")*

Your signature below indicates this project does not unnecessarily duplicate previous experiments or project, the number of animals was minimized and alternatives to animal use were considered.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## 9. Project Approval (LAMPIRE use only)

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

Date: \_\_\_\_\_

Technical Review By: \_\_\_\_\_  
Technical Representative

Date: \_\_\_\_\_

Send completed form to Project Managers