



LAMPIRE BIOLOGICAL LABORATORIES

P.O. BOX 270 • PIPERSVILLE, PA 18947 • TEL: 215-795-2838 • FAX: 215-795-0237

IgY Immunochemistry Form

Investigator: _____		Phone(if questions): _____	
Company/Institution: _____			
Sample Information			
Project Name: _____			
Animal ID(s) #: _____			
Egg Collection Dates: _____		<input type="checkbox"/> Purify Eggs Separately	
Egg Quantity (per Chicken): _____		<input type="checkbox"/> Pool Eggs	
Immunochemistry Services			
1. Type of Purification	<input type="checkbox"/> PEG Precipitation <input type="checkbox"/> Other: _____		
2. Final Concentration	<input type="checkbox"/> ≥1 mg / mL <input type="checkbox"/> Other: _____		
3. Preservatives	<input type="checkbox"/> ≤0.09% Na Azide <input type="checkbox"/> Other: _____		
4. Type of Testing Required	Included: A280 <input type="checkbox"/> Other: _____		
5. Final Buffer	<input type="checkbox"/> 1XPBS <input type="checkbox"/> Other: _____		
6. Aliquot	<input type="checkbox"/> Yes (size _____)		<input type="checkbox"/> No
7. Storage / Shipping Conditions	<input type="checkbox"/> Refrigerated (2-8 °C)		<input type="checkbox"/> Frozen (-10°C or colder)
8. Additional Details:			

Prepared By: _____

Date: _____

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

Date: _____

Technical Review By: _____

Date: _____

SP 200 38 F14 RNew

Send Completed form to Project Manager