

LAMPIRE Conjugation and Labeling Services Form

1. General Information

Company / Institution:	
Investigator:	
Phone (if questions):	E-mail:

2. Sample Information

Identification (Label):	Volume: Number of Aliquots:	<input type="checkbox"/> Peptide <input type="checkbox"/> Protein <input type="checkbox"/> Other _____
Sample Location: <input type="checkbox"/> LBL Inventory – Everett <input type="checkbox"/> LBL Inventory – Pipersville <input type="checkbox"/> Client to Supply Sample	Initial Concentration: _____ <input type="checkbox"/> Unknown	

3. Conjugation/Labeling Services

1. Carrier Protein / Label	<input type="checkbox"/> Keyhole Limpet Hemacyanin (KLH) <input type="checkbox"/> Thyroglobulin (TGB) <input type="checkbox"/> Biotin <input type="checkbox"/> Ovalbumin (OVA) <input type="checkbox"/> Horse Radish Peroxidase (HRP) <input type="checkbox"/> Other _____ <input type="checkbox"/> Bovine Serum Albumin (BSA) <input type="checkbox"/> FITC
2. Type of Conjugation / Label	<input type="checkbox"/> Terminal Cysteine <input type="checkbox"/> Heterobifunctional <input type="checkbox"/> Primary Amine (NHS) <input type="checkbox"/> Other _____
3. Linker Arm	<input type="checkbox"/> Required <input type="checkbox"/> Not Required <i>If required, please select:</i> <input type="checkbox"/> LBL Recommendation <input type="checkbox"/> Other _____
4. Conjugation Ratio / Molar Ratio	<input type="checkbox"/> Lampire Standard Ratio <input type="checkbox"/> Other: _____
5. Final Concentration	<input type="checkbox"/> ~1mg/ml <input type="checkbox"/> Other: _____
6. Final Buffer	<input type="checkbox"/> 0.1M PBS, pH 7.4 <input type="checkbox"/> Other: _____
7. Preservatives	<input type="checkbox"/> None <input type="checkbox"/> 0.09% Na Azide <input type="checkbox"/> Other _____
8. Type of Testing Required	<input type="checkbox"/> Protein Concentration: <input type="checkbox"/> A280 <input type="checkbox"/> BCA <input type="checkbox"/> Bradford <input type="checkbox"/> HPLC <input type="checkbox"/> ELISA: <input type="checkbox"/> Titer <input type="checkbox"/> Other: _____
9. Aliquot	<input type="checkbox"/> Yes Aliquot requirement: _____ mL <input type="checkbox"/> No
10. Filter Sterilize	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Storage/Shipping Conditions	<input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen (-10°C or colder)
12. Additional Details	

4. Project Approval (LAMPIRE use only)

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

Technical Review By: _____ Date: _____

Technical Director / Area Manager

Send completed form to Project Managers and/or Schedulers