

# LAMPIRE Antibody Digestion Form

## 1. General Information

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

## 2. Sample Information

Identification (Label):	Volume: Number of Aliquots:	<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. Antibody Digestion Services

1. Final Product	<input type="checkbox"/> Fab Fragment <input type="checkbox"/> F(ab') <sub>2</sub> Fragment	<input type="checkbox"/> Fc Fragment <input type="checkbox"/> Other
2. Enzyme to use	<input type="checkbox"/> Lampire determination <input type="checkbox"/> Pepsin	<input type="checkbox"/> Papain <input type="checkbox"/> Other _____
3. Digestion Optimization	<input type="checkbox"/> Lampire Standard Protocol <input type="checkbox"/> Optimize Time	<input type="checkbox"/> Optimize Enzyme Concentration <input type="checkbox"/> Solid support enzyme matrix <input type="checkbox"/> Other _____
4. Final Concentration	<input type="checkbox"/> ~1mg/ml	<input type="checkbox"/> Other: _____
5. Final Buffer	<input type="checkbox"/> 0.1M PBS, pH 7.4 (no glycerol)	<input type="checkbox"/> Other: _____
6. Preservatives	<input type="checkbox"/> None	<input type="checkbox"/> 0.09% Na Azide <input type="checkbox"/> Other _____
7. 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: _____	
8. Aliquot	<input type="checkbox"/> Yes Aliquot requirement: _____ mL	<input type="checkbox"/> No
9. Filter Sterilize	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Storage/Shipping Conditions	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen (-10°C or colder)
11. Additional Details:		

## 4. Project Approval (LAMPIRE use only)

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

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

Technical Review By: \_\_\_\_\_  
Technical Director / Area Manager

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

**Send completed form to Project Managers and/or Schedulers**