



# LAMPIRE BIOLOGICAL LABORATORIES

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

## Immunochemistry Form

Investigator: _____		Phone(if questions): _____	
Company/Institution: _____			
<b>Sample Information</b>			
Project Name: _____		<input type="checkbox"/> Serum	
Animal ID/Cell Line/Lot #: _____		<input type="checkbox"/> Monoclonal Supernatant	
Bleed Date(s): _____		<input type="checkbox"/> Ascites Fluid	
Volume: _____		<input type="checkbox"/> Other _____	
Sample Location:		<input type="checkbox"/> Initial Concentration: _____	
<input type="checkbox"/> LBL Inventory		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Client to Supply Sample			
<input type="checkbox"/> Isotype: _____		<input type="checkbox"/> Unknown	
<b>Immunochemistry Services</b>			
1. Isotype Testing Requested		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Type of Purification Required		Affinity Chromatography : <input type="checkbox"/> AffiGel <input type="checkbox"/> CNBR Act. <input type="checkbox"/> SulfoLink Resin <input type="checkbox"/> Avidin Agarose <input type="checkbox"/> Ammonium Sulfate Fractionation <input type="checkbox"/> Protein A <input type="checkbox"/> Protein G <input type="checkbox"/> Other (Please specify) : _____	
3. Column Use Requirements		<input type="checkbox"/> Dedicated <input type="checkbox"/> Single Use <input type="checkbox"/> Re-usable	
4. Final Concentration		<input type="checkbox"/> ≥ 1 mg/mL <input type="checkbox"/> ≥ 10mg/ml <input type="checkbox"/> ≥ 5 mg/mL <input type="checkbox"/> Other: _____	
5. Final Buffer		<input type="checkbox"/> 0.1M PBS, pH 7.4 <input type="checkbox"/> Other: _____	
6. Preservatives		<input type="checkbox"/> None <input type="checkbox"/> ≤0.1% Na Azide <input type="checkbox"/> Other: _____	
7. Protease Inhibitor		<input type="checkbox"/> None <input type="checkbox"/> PMSF <input type="checkbox"/> Pepstatin <input type="checkbox"/> Leupeptin	
8. Type of Testing Required		Protein Concentration: <input type="checkbox"/> A280 <input type="checkbox"/> BCA <input type="checkbox"/> Bradford <input type="checkbox"/> HPLC <input type="checkbox"/> SDS-PAGE: <input type="checkbox"/> Non-Reduced <input type="checkbox"/> Reduced <input type="checkbox"/> ELISA: <input type="checkbox"/> Recovery <input type="checkbox"/> Inhibition <input type="checkbox"/> IEP <input type="checkbox"/> Western Blot <input type="checkbox"/> Other: _____	



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9. Aliquot	<input type="checkbox"/> Yes Size _____	<input type="checkbox"/> No
10. Storage/Shipping Conditions	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen (-10°C or colder)
11. Additional Details:		

Prepared By: \_\_\_\_\_

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

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 Manager**