

Custom Polyclonal Antibody Request Form

Please fill out one form for each custom antibody production.

ALL CUSTOMER INFORMATION IS CONFIDENTIAL.

Customer Contact Information

First Name:

Last Name:

Position or Title:

Institution or Organization:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

Additional Information:

cDNA Information

cDNA Name:

ORF Size: _____ bp

Genebank Accession #:

Vector Information:

Cloning Sites:

Please provide us at least 20µg plasmid (preferably in 40µl) and note the concentration on the vial. The sample should be sent via FedEx to:

**Immune Technology Corp.
954 Lexington Ave. #170
New York, NY 10021-5013**

Additional Information:

Additional Service

IgG Purification (\$500 additional)

I confirm that the sample is free of living pathogens.

(Signature)

And

(Date)

Please mail or fax the form to 866-886-8189. Thank you.