



GENEMED SYNTHESIS, INC.

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Order Sheet For Custom Antiserum Service

(This form can be filled using a computer and emailed or faxed) Please complete 1 form/project

1. ANTIGEN NAME OR PEPTIDE SEQUENCE:

Please Complete this section *only if you are supplying the antigens* (proteins or peptides) & check optional services in Sections 2 and 3 (Do not use this form for Custom Peptide synthesis)

Natural Recombinant (GST, His, MBP, Flag or); Synthetic: Purity %
BSA-conjugate ; KLH-conjugate ; Concentration. mg/ml; Total Supplied ml; Buffer .

2. STANDARD CUSTOM ANTISERUM SERVICES (All Standard. antibody packages include **antibodies in 2 rabbits** standard 64 days protocol. **Additional non-standard services** (optional at additional cost) should be checked if **Conjugation, ELISA, affinity purification, IgY purification or additional animals** or other services are desired.

Standard 64 days, Extend protocol beyond 64 days (All projects will terminate at the schedule date unless special arrangements are made 1 week before the termination date)

ANIMALS REQUIRED: Rabbit , Goat , Sheep , Chicken , Mouse , Others

NUMBER OF ANIMALS:

3. OPTIONAL SERVICES (at an additional cost).

Coupling to: KLH/BSA Others

AFFINITY PURIFICATION on peptide-Sepharose Column. Please couple mg peptide and Purify bleed # (We couple ~5 mg peptide to Sepharose; if no bleed # is provided then we pool both the bleeds for purification).

Collect (specify #) dozen eggs per animal; Ship eggs without processing, Purify IgY from 6 eggs.

Antibody titer monitoring by **ELISA** on Pre-immune, Antiserum, and Affinity Purified Antibody

Note: ELISA is only done if Affinity Purification is ordered. If not ordered ELISA, can be ordered at an additional cost.

3. BILLING/SHIPPING INFORMATION: (Please Complete this sheet and fax it with PO # or e-mail it to

abservice@genemedsyn.com

Purchase Order # (Please fax actual copy of PO for our records); Date:

OR, Credit card details: Number:

Name of the Person:

Date of Expiration:

CVV Number:

Billing Zip Code:

Name of the PI:

Contact Person:

Phone:

Fax:

Email:

Shipping Address: Name:.....

Billing Address: Name:.....

Company:.....

Company:.....

Street:

Street:

City, State, Zip:

City, State, Zip:

Ph:

Acct/Payable Phone:

Shipping Instructions(If any):

Additional Notes:

5. USDA and IACUC Certification:

I Certify that the supplied antigen is NOT a live bacteria/virus, animal/human pathogen or toxic to animals and it has no known safety concerns to animals or lab. Personnel handling this antigen. Animal/species selection or numbers required for this project is appropriate and do not unnecessarily duplicate previous work. **This certification is required** for inclusion in our IACUC approval program. ADI does NOT accept protocols that do not properly identify each antigen and its source and do not conform to these IACUC guidelines for handling and use of animals for research. We will not start your project without this certificate. By writing the initials (in pdf-fillable form) or checking the signature box will constitute your approval and acceptance to our program.

All Projects are performed on best effort basis. No specific assurance, expressed or implied, is given that animals will produce a desired immune response. We guaranty an acceptable, minimal (1:1K) ELISA titer or the project is repeated at no cost.

[Click here to enter a date.](#)

Principal Investigator (please print name)

Initials

Date