

MAbExpress™ Order Form

Requester: _____
 Institution: _____
 Address: _____

Phone: _____
 FAX: _____
 E-mail: _____
 Date: _____
 Account or P.O.#: _____

Hybridoma submission

Clone Designation: _____ Antibody Name (optional): _____

Species: Mouse () Rat () Hamster () (Other (_____) Isotype: _____

Mycoplasma test: Pos () Neg () Unknown () Virus test (MAP test): Pos () Neg () Unknown ()

Media Conditions Used: _____

Antibiotics Used: _____

Starter culture: Frozen vial () Live culture () I.D. or Lot #: _____

Past Difficulties with Production or Purification: Yes () No () Unknown ()

If Yes, please state nature: _____

MAbExpress Protocols

Production		Purification		Defined Production		Defined Purified	
Volume	Qty	Volume	Qty	Antibody	Qty	Antibody	Qty
5 ml	_____	5 ml	_____	5 mg	_____	5 mg	_____
25 ml	_____	25 ml	_____	25 mg	_____	25 mg	_____
100 ml	_____	100 ml	_____	100 mg	_____	100 mg	_____
250 ml	_____	250 ml	_____	250 mg	_____	250 mg	_____
500 ml	_____	500 ml	_____	500 mg	_____	500 mg	_____
Other _____	_____	Other _____	_____	Other _____	_____	Other _____	_____

Please note - we do not routinely cryopreserve hybridomas submitted for MAbExpress. To obtain a Cell bank see below.

Requester Comments : _____

Related Services

Cell Banking			Analysis			Analysis			Conjugation		
	Cat #	Qty		Cat #	Qty		Cat #	Qty		Cat #	Qty
Back-up	CS5110	_____	Endotoxin	CS8310	_____	ELISA Ab titer	CS3110	_____	Biotin	CS1210	_____
Research	CS5120	_____	Isoelectric Focusing	CS8130	_____	ELISA Ag titer	CS3111	_____	Fluorescein	CS1220	_____
Master	CS5130	_____	Isotyping Mouse	CS8210	_____	ELISA Ab and Ag titer	CS3112	_____	R-phycoerythrin	CS1230	_____
Working	CS5140	_____	Sub-cloning	CS4310	_____	Western Blot	CS3200	_____	Horseradish peroxidase	CS1240	_____

Requester Comments : _____

Please contact Antibody Solutions or refer to MAbExpress Information Sheets for complete service descriptions.

Antibody Solutions

Tel: 888-843-1069 Fax: 650-938-4390 E-mail: solns@antibody.com