Custom Peptide Synthesis & Antiserum Service Form CAP-F2 (This pdf-form can be filled using a computer and emailed or faxed) Please complete 1 form/project.

Antigen Name or Peptide Sequence	
2. Standard Custom Antiserum Services (All Std. Anti-pep 85% purity, 10-15 mg total, 5-10 mg supplied unconjugated), using std 63 days protocol & ELISA on 1 <sup>st</sup> bleed. Additional repetide (amount upgrade) additional animals, affinity purificular upgrate sheet if necessary.	peptide conjugation to KLH, antibodies in 2 rabbits non-std. services (optional) should be checked if more
☐ Standard 63 days, ☐ Extend protocol beyond 63 days ( arrangements are made at least 1- week before the expected termina	
<b>Animals required</b> : □ Rabbit, □ Goat, □ Sheep, □	Chicken, ☐ G. Pig, ☐ Others
# of animals: □ One, □ Two, □ Three, □ Four per a	ntigen (Add \$250 for each Rabbit/Chicken/G. pig)
Identify Custom Service by Cat #	; Price in US\$
3. Optional Services may be requested at additional cost. The	ese may or may not be included with basic services )
□ Peptide Amount Upgrade (20-30 mg total	
□ Ab titer monitoring by <b>ELISA</b> on □ 2nd or □ 3rd or any subseq	uent bleeds (optional @\$75)
☐ <b>Affinity purification</b> on peptide-agarose. Please Purify# rabbit and bleed # is provided then we will pool sera from bleed #	
☐ Collect (specify #) dozen <b>eggs</b> per animal; ☐ Ship eggs with	nout processing, □ Purify IgY from 6 eggs (\$295)
4. Billing/Shipping Information (Please Complete this shee	ts and fax it with PO # or send with antigen)
4. Billing/Shipping Information (Please Complete this shee Purchase Order #(Please fax actual)	• ,
	• ,
Purchase Order #(Please fax actua	Contact Person
Purchase Order #(Please fax actual	Contact Person
Purchase Order #(Please fax actual Name of the Pl Phone :	Contact Person  Email:  Billing Address:
Purchase Order #(Please fax actual Name of the Pl Phone :Fax Shipping Address:	Contact Person Email: Billing Address:
Purchase Order #(Please fax actual Name of the Pl Phone : Fax Shipping Address:	Contact Person
Purchase Order #(Please fax actual Name of the Pl	Contact Person
Purchase Order #	Contact Person  Email:  Billing Address:  Acct/Payable Phone:  Al/human pathogen or toxic to animals and it has no known Animal/species selection or number required for this project  This certification is required for inclusion in our IACUC orly identify each antigen and its source and do not conform to the will not start your project without this certificate. By ill constitute your approval and acceptance to our program.  Dee, expressed or implied, is given that animals will produce a
Purchase Order #	Contact Person  Email:  Billing Address:  Acct/Payable Phone:  Al/human pathogen or toxic to animals and it has no known Animal/species selection or number required for this project  This certification is required for inclusion in our IACUC and identify each antigen and its source and do not conform to the will not start your project without this certificate. By ill constitute your approval and acceptance to our program.  Ce, expressed or implied, is given that animals will produce a K) ELISA titer or the project is repeated at no cost.

