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Where Scientists Meet Antibody Success

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Antigen Submission Form

Please complete & submit for approval prior to sending out an antigen.

Customer Name:	_____	Institution:	_____
Email:	_____	Phone:	_____
Antigen Name:	_____	Accession No.:	_____
Antigen Type:	<input type="checkbox"/> Peptide <input type="checkbox"/> Protein (Tag: _____) <input type="checkbox"/> Other: _____		
Target Species (if any):	_____		
Intended Application:	_____		

Quantity of Antigen:	_____ mg	Number of Vials:	_____	Lot Number:	_____
Antigen Form:	<input type="checkbox"/> Solution: Concentration: _____ mg/ml (Note: 1mg/ml or greater required)				
	Buffer (include pH): _____				
	<i>(Note: Imidazole can be toxic, please dialyze samples into another buffer.)</i>				
	Are there any buffers incompatible with the protein? <input type="checkbox"/> No <input type="checkbox"/> Yes				
	If yes, please specify: _____				
	<input type="checkbox"/> Gel Strip (proteins only) <input type="checkbox"/> Lyophilized; reconstitute in: _____				
Antigen Size:	_____	Antigen Purity:	_____ %		
Antigen Storage Conditions:	<input type="checkbox"/> Room Temperature <input type="checkbox"/> +4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C				

Fill out if target is a protein:

Protein Type (i.e.: membrane type I, nuclear, etc.): _____

Expression System (e.g. *E. coli*, HEK293, CHO, etc.): _____

Is the antigen already conjugated to a carrier protein? ☐ N/A ☐ No ☐ Yes, identify: _____

Antigen Safety:

Does this antigen or antigen preparation pose any safety hazards to either personnel or animals (e.g. pathogenic, human-derived, radioactive, known toxin, etc.)? ☐ No ☐ Yes

If Yes, please identify the hazard(s) and describe the associated safety concerns:

Additional Information: _____
