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### Antigen Submission Form

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

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

<b>Quantity of Antigen:</b> _____ mg	<b>Number of Vials:</b> _____	<b>Lot Number:</b> _____
<b>Antigen Form:</b> <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: _____		
<b>Antigen Size:</b> _____	<b>Antigen Purity:</b> _____ %	
<b>Antigen Storage Conditions:</b> <input type="checkbox"/> Room Temperature <input type="checkbox"/> +4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C		

<b>Fill out if target is a protein:</b>
<b>Protein Type</b> (i.e.: membrane type I, nuclear, etc.): _____
<b>Expression System</b> (e.g. <i>E. coli</i> , HEK293, CHO, etc.): _____
Is the antigen already conjugated to a carrier protein? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes, identify: _____

<b>Antigen Safety:</b>
Does this antigen or antigen preparation pose any safety hazards to either personnel or animals (e.g. pathogenic, human-derived, radioactive, known toxin, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please identify the hazard(s) and describe the associated safety concerns: _____

<b>Additional Information:</b> _____ _____
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