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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. <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: _____	

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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please identify the hazard(s) and describe the associated safety concerns: _____

Additional Information: _____ _____
