



Where Scientists Meet Antibody Success

ProSci Incorporated
12170 Flint Place
Poway, CA 92064

Toll Free: +1 (888) 513 9525
Local: +1 (858) 513 2638
Fax: +1 (858) 513 2692

services@prosci-services.com
prosci-services.com

Protein Expression Inquiry Form

Please complete this form and return to services@prosci-services.com for a quotation.
If you have any questions or need assistance with this form, call us at 888-513-9525
Fields marked with an * are required

Contact Information*

| | |
|----------------------------|-------|
| Full Name | _____ |
| Phone | _____ |
| Email | _____ |
| Institution/Company | _____ |

Target Protein Information

| | | | |
|---|----------------------------------|-----------|-------------------|
| Basic Information | Gene/Protein Name*: | Species*: | Molecular Weight: |
| | _____ | | |
| | GenBank Accession Number*: _____ | | |
| | Nucleotide Sequence*: | | |
| Amino Acid Sequence (please include mutation sequence, if applicable)*: | | | |
| _____ | | | |



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| | | |
|---|--|--------------------------|
| Protein Applications* | <input type="checkbox"/> Activity assay <input type="checkbox"/> Drug screening <input type="checkbox"/> Cell-based Assay <input type="checkbox"/> Structural study <input type="checkbox"/> Antigen <input type="checkbox"/> Other: _____ | |
| Previous Experimental Data and Results | Expression System: _____ | Expression Vector: _____ |
| | Expression Conditions: _____ | |
| | Expression Results: <p style="color: green;">Describe any previous attempts to express and purify target protein. Protocols can be attached separately.</p> | |

Expression and Purification

| | |
|-------------------------------|---|
| Gene Information* | <input type="checkbox"/> Gene Synthesis (including codon optimization) <input type="checkbox"/> Plasmid selected from ProSci cDNA library <input type="checkbox"/> Other: _____ |
| Expression Vector* | <input type="checkbox"/> ProSci proprietary expression vector <input type="checkbox"/> Client specifies expression vector: _____ |
| Expression System* | <input type="checkbox"/> E. coli expression <input type="checkbox"/> Mammalian expression <input type="checkbox"/> Baculovirus expression <input type="checkbox"/> Yeast expression |
| Tag | <input type="checkbox"/> N-His <input type="checkbox"/> N-His-sumo <input type="checkbox"/> N-GST <input type="checkbox"/> N-MBP <input type="checkbox"/> Other: _____ |
| Tag Removal Required*? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Purification Method* | <input type="checkbox"/> Performed by ProSci <input type="checkbox"/> Performed by client <p style="color: green;">(Note: For client-provided protocols, please attach separately.)</p> |



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| | |
|------------------------------------|---|
| Deliverable Requirements* | Protein Quantity: _____ mg Protein purity: > _____ % Protein concentration: _____ mg/mL Endotoxin level: _____ Delivery Buffer: _____ (Note: Standard delivery buffer is Tris - NaCl or PBS, 5-10% Glycerol.) Aliquot requirements: _____ /tube (specify amount per tube) |
| Protein Form (choose one): | <input type="checkbox"/> Soluble <input type="checkbox"/> Insoluble or Inclusion Body form |
| Protein Refolding | If the protein is expressed as inclusion bodies, is protein refolding desired? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Protein Validation Methods* | <input type="checkbox"/> SDS-PAGE <input type="checkbox"/> Western Blot <input type="checkbox"/> Activity Detection |
| Other Notes | <hr/> |
| Grant Status | <input type="checkbox"/> The proposal will be used to apply for a grant |

Note: Items marked with * are required fields.