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Antibody Purification Sheet

Please complete and mail a hard copy of this form together with your antigen and all additional information to Antibody Service Division of Bio-Synthesis at 612 E. Main Street, Lewisville, TX 75057

<input type="checkbox"/> I am a new customer
<input type="checkbox"/> I am a returning customer

CUSTOMER INFORMATION			
First Name	Last Name	P.I.	
Institution			
Address			
City	State/Province	Country	Zip Code
Phone No.		Fax No.	
Email		FedEx/UPS Acct No.	

SHIP TO	<input type="checkbox"/> CHECK HERE IF SAME AS CUSTOMER INFORMATION		
Attn	Phone No.		
Company/Institute			
Address			
City	State/Province	Country	Zip Code
Email			

BILL TO	<input type="checkbox"/> CHECK HERE IF SAME AS SHIPPING ADDRESS		
Attn			
Company/Institute			
Address			
City	State/Province	Country	Zip Code
Email			

*Fields marked with * MUST be filled in*

I. ANTIBODY INFORMATION

- Antibody designation* _____
- If monoclonal, immunoglobulin species* _____ Isotype* _____
- Comments _____
- _____
- _____

II. PURIFICATION INFORMATION

- Has BSI purified this antibody for you previously? _____
If yes, do you know the lot number of the purification? _____
- Have you or someone else purified this antibody before? _____
If yes, do you have a procedure or literature citation for the purification? _____
- Requested Purification Method (If not specified, BSI will purify the antibody using the method that is best suited for the antibody in question)

- If Antigen Affinity, what is the coupling method? _____
- Preferred storage temperature (standard temperature is -20°C)* 4°C -20°C -70°C
- Extinction coefficient (EC) to be used for quantitation (standard EC = 1.0)* _____
- Additional Information _____

III. FINAL PRODUCT INFORMATION

- Final Storage Buffer (PBS is standard buffer) _____
- IgG Concentration Requested* < 1 mg/ml 1 - 2 mg/ml 2 - 4 mg/ml Other= _____ mg/ml
Additional charges may be incurred for smaller sizes; Max. size 1 L
- Preferred Aliquot Size* 1 Bulk Container Aliquot Aliquot Size = _____ ml *Max. size 1 L*
- Endotoxin Testing Endpoint Non-Endpoint None
Acceptable Endotoxin Level (standard endotoxin level ≤ 10 Eu/mg) _____ Eu/mg
- Additional Requirements _____

IV. IMPORTANT NOTES

1. To process this order, a Customer PO number must be assigned.
2. The price quoted for a standard run includes a single chromatographic purification step. The purified antibody is dialyzed into PBS (or other designated buffer), concentrated to its final specified concentration range, filtered through a 0.2 micron filter, sampled, and subsequently stored at the designated storage temperature. The resulting product is tested for purity by PAGE, and total protein by light absorbance at 280 nm.
3. Alternate medias, additional testing, handling, additional purity, or endotoxin requirements all require a price adjustment.

Customer Name/Title

Customer Signature

Date

(Please return this form to fax # 972-420-0442. This form is also available at www.biosyn.com)