



11 Park Drive, Suite 12
Boston, MA 02215

Antibody Production Service Order Form

Customer contact information

Institution
Address
Tel
Fax
email

Date of Order

Name of Antigen/Swiss-Prot No of Antigen :

Antigen Species : human () mouse () rat () others _____

MW of Antigen

Peptide sequences designed by customers:

Antibody source to be produced	Mouse () Rabbit ()
Service requested (SC#)	Polyclonal Antibody Production AP101 () ; AP102 () ; AP103 () Monoclonal Antibody Production AP201 () ; AP202 ()
Screening methods	ELISA (included) WESTERN BLOT: SC# AP301 () IHC (Paraffin): SC# AP302 () IHC (Frozen): SC# AP303 ()
Future application	ELISA: () WESTERN BLOT: () IHC (Paraffin) () IHC (Frozen) () Flowcytometry: () Others: ()
Immunization protocol	Protocol provided by customer () AP's standard Protocols ()
References	Yes () No ()
Others	

Contact & Ordering Information: Angio-Proteomie, 11 Park Drive, Suite 12, Boston, MA 02215, USA.
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