

MONOCLONAL ANTIBODY REQUISITION

Antibody Core Facility
Wayne Lai, DVM, Ph.D.
(214) 628-2995 lab
(214) 648-8496 office
(214) 648-2951 fax

Wayne.Lai@utsouthwestern.edu

PLEASE FILL OUT ONE FORM FOR EACH ANTIBODY PRODUCTION REQUEST:

Contact person: _____ Date: _____

Phone: _____ FAX: _____

Investigator: _____ Department: _____

Authorized Signature: _____

I agree to pay in full the amount of this Antibody Production Project. I understand that I will be billed for 50% of the cost of this Antibody Production Project upfront with the remaining 50% due upon shipment.

IDR# (REQUIRED!): _____

Sample Descriptor (provide short name): _____

Protein Sequence Information : _____

Protein description: _____

Please check appropriate box:

NCBI Accession Number: _____

Protein sequence to be provided by email to wayne.lai@utsouthwestern.edu
(refer to Sample Descriptor in the Subject line)

cDNA will be provided with protein or peptide antigen

Amount to be provided:

Protein, Peptide: Please be prepared to provide 4 mgs

cDNA: Please be prepared to provide 4 mgs

HYBRIDOMA PRODUCTION IN:

Mouse (BALB/c) \$3400.00

Rat (Fischer or Lewis) \$3425.00

Hamster (Armenian) \$3700.00

TARGET ANTIBODY DESCRIPTION

ELISA reactive to:

- Peptide: (description) _____
- Protein: (description) _____
- Recombinant/Fusion Protein: (desc.) _____
- Cell Surface Expressed Protein: (description) _____

Please note: The Core cannot guarantee reactivity to endogenous protein. The antibody may or may not be reactive in the following assays: Immunoblotting, Immunofluorescence, Immunoprecipitation, Flow Cytometry, Immunohistochemistry, and any such planned usage must be discussed in full with Dr. Lai before initiation of work to determine if the antibody produced will meet your needs.

Please give as much detail as possible regarding intended uses, including your “positive control” for the assay).

For publication, I promise to cite the Antibody Core Facility at UT Southwestern with regard to production of these antibodies.

Signature of Principal Investigator

Internal use only below this line:

Reference #: _____ **Hybridoma lines screened (#/date):** _____
Monoclonal cell lines delivered (number/date) : _____
cell lines cryopreserved @\$20/line: _____ **# stored @\$50/line:** _____
Total Charges: _____ **Billing Date:** _____
