# Guaranteed Antibody Package (SC1259A) Quotation Request Form

**Instructions**

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| Please answer all of the following questions and send the completed form to [**bioprocess@genscript.com**](mailto:bioprocess@genscript.com)  Our service representative will contact you with a quote shortly. |

**Customer Information**

*If you have registered an account with GenScript, you can just identify yourself by giving us your name and email address or Account No.*

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| **Name:** |  |
| **Account No.:** |  |
| **Phone:** |  |
| **Organization:** |  |
| **Shipping address:**  *(Necessary to determine shipping cost)* |  |
| **Email address:** |  |

**Antibody Expression**

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| **Target Antibody:** | Antibody name: Species:  MW:  Antibody sequences: *(crucial for evaluation)*  *Heavy chain:*  *Light chain:*  *Note: Please enter the Antibody sequence if mutants are included in your Antibody sequence.* |
| **Starting material:** | Gene synthesis with codon optimization *(Free of charge)*  (Please enter your gene sequence: )  Gene synthesis without codon optimization *(Free of charge)*  (Please enter your gene sequence: )  Your supplied template DNA  (Please enter your gene sequence: **,** vector name: and attach vector map (e.g. NTI file)  Your supplied expression ready construct  (Please give a brief description of your expression construct: )  Others (Please specify): |
| **Expression system:** | Please select host cell line  HEK293  Others and please quote specific price  Has the gene been expressed - before?  Yes No  If YES, please indicate the expression level/yield/purity:  -  *Notes: The above information is crucial for us to evaluate your project.* |
| **Expression scale:** | Amount of Antibody:  50 mg  Other amount (Please specify):  (50 mg as minimum) |
| **Application(s) of your Antibody:** *(Please select all that apply)* | High-throughput screening (HTS)  Activity assays  NMR  X-ray crystallography  Antigen  *in vivo* studies  Antibody-Antibody interactions  Others (Please specify): |
| **Comments:** |  |
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**Antibody Purification**

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| **Product requirements:** | Purity: **%** Endotoxin Limit:  Concentration:  ***Notes: If you have specific requirement on purity,Endotoxin level, concentration and etc, extra cost is needed.*** |
| **Purification method:** | Do you need GenScript to follow any specific expression and/or purification protocol?  Yes(Please attach your protocol: ) No  *Note: Your protocol will be very helpful to increase success rate and shorten the delivery time.* |
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| **Antibody characterization:** | SDS-PAGE  IEF  ELISA HPLC  Endotoxin  N-terminal sequence  MALDI-TOF  Others (Please specify): |
| **Special requirements:** *(information on buffers or handling, etc.)* |  |
| **Comments:** |  |

**Project Information**

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| **Nature of inquiry:** | Pricing estimation  Quote for ordering  For grant application purpose |
| **Order initiation:** | Immediately  Within one month  Within three months  Within six months |