# 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** 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.*

|  |  |
| --- | --- |
| **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 priceHas the gene been expressed - before?**[ ]** Yes  **[ ]** NoIf 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 |