

Order Form Antibody Services

Seramun Diagnostica GmbH



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Customer	(Address/Company stamp)	Contact Person
Institution	Name
Department	Tel./-Fax:
Street, House-Nr.	E-mail:
Postal Code, Town, Country	Quotation-No. (if existing)

Immunization order	Number of animals per antigen	Additional services**
Polyclonal antibodies		
sheep/(goat)*		IgG preparation from antiserum
rabbit		IgG preparation from antiserum
chicken		IgY preparation from egg yolk
Monoclonal antibodies		
mouse		IgG preparation from cell culture supernatant

*on request **we offer a broad range of further additional services. Please contact us for an individual quotation.

Information on the antigen			
Name:			
Size: (MW in kDa without tag or number amino acids (for peptides))			
Native	Origin:		
Recombinant	his-tag	GST-tag	Other:
Synth. Peptide	Sequence:		
Concentration:	Volume:	Buffer, additives (if applicable):	

Antigen requirements:

- Non-toxic (toxin antigens must be inactivated)
- Non-infectious (infectious antigens must be inactivated)
- Availability in physiological buffer (e.g. PBS, TBS), ± pH neutral (6-8), NaCl < 0,3 M,
- Detergents < 0,2 %
- Urea ≤ 1 M
- EDTA < 0,001 M
- No preservatives (e.g. sodium azide)

Order is placed _____ Please send a quotation to the selected positions

It is confirmed that the antigen fulfills the requirements stated above and is not infectious neither for humans nor for animals.

Date, signature:.....