

Order Form Antigen Service

Seramun Diagnostica GmbH



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Customer (Address/stamp)

Contact Person

Company/Inst. Name

Department Tel./-Fax:

Street, no. Email:

Postal Code, Quote no.
Town, Country (if available)

Antigen Information	
Antigen Name:	
Antigen Size: (MW in kDa without tag; full length or fragment (amino acid position))	
Accession No. (UniProt or GenBank):	
Species:	
Gen synthesis by subcontractor	<input type="checkbox"/>
DNA/Plasmid provided by customer	<input type="checkbox"/>
Intended Use:	
Assay development	<input type="checkbox"/> Immunization <input type="checkbox"/>
other <input type="checkbox"/> please, specify:	
Antigen amount (mg):	

Project Information	
Purification*:	GST <input type="checkbox"/> His-tag <input type="checkbox"/>
other <input type="checkbox"/> please, specify:	
Expression System:	<i>E.coli</i> <input type="checkbox"/> Insect cells <input type="checkbox"/>
Quality Control*:	SDS-PAGE + BCA-Assay included
other <input type="checkbox"/> please, specify:	
Additional Service*	<input type="checkbox"/> please, specify:
Additional Documents*	<input type="checkbox"/> please, specify:

* additional service may be charged extra

Order has been placed Please send a quote

Please indicate, if possible, the biosafety level of your sequence: biosafety level 1 unknown biosafety level

Date, signature:.....