



Antigen Submission Form

Please complete & submit for approval prior to sending out an antigen.

Customer Name: _____ **Institution:** _____

Antigen Name: _____ **Email:** _____

Antigen Type: Peptide Native Protein Recombinant Protein (Tag: _____)
 Bacteria Lysate Other: _____

Species of Origin (not the expression system): Human Mouse Rat Zebrafish
 Other: _____

Is the antigen derived from living samples? No Yes. If yes, please specify: _____

If the antigen is a bacteria, virus, or other potential infectious agent, how was it inactivated: _____

Quantity of Antigen: _____ mg (See antigen requirements PDF for quantities)

Number of Vials: _____

Antigen Lot Number (if assigned): _____

Antigen Form: Solution: Concentration: _____ mg/mL (Note: 1 mg/mL or greater required)

Buffer: _____

(Note: Imidazole can be toxic, please dialyze samples into another buffer.)

pH: _____

Are there any buffers incompatible with the protein? No Yes

If yes, please specify: _____

Gel Strip

Lyophilized

Antigen Size: _____

Antigen Purity: _____%

Is the antigen already conjugated to a carrier protein? No Yes. If yes, please specify: _____

Antigen Storage Conditions: Room Temperature +4°C -20°C -80°C

Antigen Safety:

Is the antigen known to be toxic? No Yes

Does the antigen contain any radioactive materials? No Yes

Is the antigen derived from human samples? No Yes

For Internal Use Only: Approved: Yes No By: _____ Date: _____