

PROMOTION CODE: _____

Investigator:		Covance Quote #:
Salutation: Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Investigator E-Mail Address:
Investigator Phone #: ()		Investigator Fax #: ()
P.O. or Credit Card#:	P.O. Limit:	Exp. Date:
Purchasing Agent/Name on Card:	Purchasing Phone #: ()	Purchasing Email:

	Shipping Address	Billing Address (if different)
Contact Name		
Company/Institution		
Street Address		
Dept./Bldg./Room #		
City, State, Zip, Country		

Cell Line Information-Please complete one form per cell line	
Formal Name of Cell Line:	Name of Cell Line on Vial Label:
Format: <input type="checkbox"/> Frozen <input type="checkbox"/> In Culture	Species of Origin:
Growth Characteristics: <input type="checkbox"/> Suspension <input type="checkbox"/> Adherent/Attached <input type="checkbox"/> Semi-Adherent	
Number of Vials:	Number of Cells per Vial:
List Growth Conditions and Media Requirements:	
*Note: Past production yield and media information will allow us to optimize production more efficiently.	
Serum Type to be Used:	Serum Concentration to be Used:
Immunoglobulin Class & Subclass:	
Mycoplasma Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown	
Perform mycoplasma testing : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Antibody Production	
<input type="checkbox"/> In Vitro	
<input type="checkbox"/> Roller Bottle # of Liters:	<input type="checkbox"/> Cell Factory
<input type="checkbox"/> CL 350	<input type="checkbox"/> CL 1000
<input type="checkbox"/> Hollow Fiber (gram quantities)	<input type="checkbox"/> Other
Special Instructions:	

Immunochemistry and Cell Culture Services				
Clone: <input type="checkbox"/> Yes <input type="checkbox"/> No		Isotyping: <input type="checkbox"/> Yes <input type="checkbox"/> No		
ELISA: <input type="checkbox"/> Yes <input type="checkbox"/> No		Screening Antigen Name:		
Purification: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type: <input type="checkbox"/> Protein A	<input type="checkbox"/> Protein G	<input type="checkbox"/> Affinity Other:
Cell Line Decontamination: <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Contaminant: <input type="checkbox"/> Mycoplasma <input type="checkbox"/> Other Bacterial		
Freeze Additional Vials: <input type="checkbox"/> Yes <input type="checkbox"/> No (none will be frozen without instruction to do so)		Store Cells at Covance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many vials?		How many vials?		
Special Instructions:				

Placing Your Order

- Complete this form and submit with your cells to the below address. Projects will not be initiated without this completed form. Arrangements with Covance should be made prior to shipping cells.
- When requesting production from a cell line we have in house, you may fax this form to the below number.
- A Purchase Order number or credit card number is required for any order. Projects will not be initiated without proper billing information.
- Any services requested in this form but not quoted will be performed and billed accordingly. Please advise if you require an updated quote.

For Questions Call: 800-345-4114 or 717-336-4921

<p><u>Shipping Your Material:</u></p> <p>Covance Research Products Inc. Attn: Immunology Services 465 Swampbridge Road Denver, PA 17517</p>	<p><u>Faxing Your Order:</u></p> <p>Fax: 717-336-3481</p>
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For Internal use only:		
Scheduler: _____	Checker: _____	Date: _____