

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		

Antigen Information: Please complete one form per antigen	
Immunization Antigen Name:	ELISA / Purification Antigen Name:
Format (e.g. liquid, powder, gel, etc.):	Format (e.g. liquid, soluble powder):
Tag or conjugate and buffer components:	Tag or conjugate and buffer components:
Storage Temperature: *Note: If storage conditions are not specified, material will be stored under the same condition it was received.	Storage Temperature: *Note: If storage conditions are not specified, material will be stored under the same condition it was received.
# of Vials:	# of Vials:
Volume Per Vial:	Volume Per Vial:
Concentration:	Concentration:
Human/Animal Health Hazard: <input type="checkbox"/> Yes <input type="checkbox"/> No *Note: If the material may cause any side effects or could induce any specific physiological response, please also specify. Attach MSDS if available.	Human/Animal Health Hazard: <input type="checkbox"/> Yes <input type="checkbox"/> No *Note: If the material may cause any side effects or could induce any specific physiological response, please also specify. Attach MSDS if available.
Precautions:	Precautions:

Species and Protocol Information	
Host Species:	# of Animals to be Pre-Screened: *Note: All studies include a pre-bleed. Prescreening is an additional service allowing the investigator to screen and select the animals to go on study. No pre-screens will be provided unless instructed.
# of Animals Needed:	
Adjuvant: <input type="checkbox"/> Freund's (default/standard) <input type="checkbox"/> Montanide <input type="checkbox"/> Titermax <input type="checkbox"/> Other (specify): *Note: Additional fees will be applied for adjuvants other than Freund's.	
<input type="checkbox"/> Perform Study As Quoted <input type="checkbox"/> Additional Instructions Are Attached	
Immunizations to be performed by: <input type="checkbox"/> Covance <input type="checkbox"/> Investigator	
ELISA is to be performed by: <input type="checkbox"/> Covance <input type="checkbox"/> Investigator	

Immunochemistry Services			
ELISA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Note: ELISA is performed to identify the animal with the highest titer and to identify the highest producing clones.	
Peptide/Protein Conjugation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: KLH <input type="checkbox"/> BSA <input type="checkbox"/> Thyroglobulin <input type="checkbox"/> Other:	
Peptide Synthesis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 10mg <input type="checkbox"/> 20mg	Sequence:
*Note: Conjugation is strongly suggested for injection immunogens < 10 kDa			
Special Instructions:			

Fusion and Clone Selection			
Myeloma Cell Line to Be Used:	<input type="checkbox"/> P3x763Ag8.653 * (mouse) * most commonly selected	<input type="checkbox"/> SP2/0AG14 (mouse)	<input type="checkbox"/> YB20 (rat) <input type="checkbox"/> Other
Screening Antigen Name:			
Special Instructions:			

Antibody Production			
<input type="checkbox"/> In Vivo (Ascites)	Strain of Mouse:		
# of Mice:	<input type="checkbox"/> Five (5)	<input type="checkbox"/> Ten (10)	<input type="checkbox"/> Twenty (20) <input type="checkbox"/> Other
Special Instructions:			
<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:			
Freeze Additional Vials: <input type="checkbox"/> Yes <input type="checkbox"/> No (none will be frozen without instruction to do so) How many?	Store Cells at Covance: <input type="checkbox"/> Yes <input type="checkbox"/> No How many vials?		

Antibody Purification

<input type="checkbox"/> Protein A	<input type="checkbox"/> Protein G	<input type="checkbox"/> Affinity	<input type="checkbox"/> Other
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Special Instructions:

Assurance Statement

Quality service and ethical treatment of animals is of paramount importance to Covance. Our programs are AAALAC International accredited and meet or exceed USDA Research License requirements, as well as those of the "Guide for Care and Use of Laboratory Animals". To comply with the USDA Animal Welfare Act, please provide your signed assurance that this project does not unnecessarily duplicate previous efforts, that alternatives to animal use have been considered and that the number of animals requested is the minimum necessary.

Signature: _____

Date: _____

Placing Your Order

- Complete this form including the signed assurance statement and submit with your antigen to the below address. Projects will not be initiated without the signed assurance statement.
- When ordering a peptide, please include your sequence. If we are synthesizing the peptide, 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

Shipping Your Material:

Covance Research Products Inc.
Attn: Immunology Services
465 Swampbridge Road
Denver, PA 17517

Faxing Your Order:

Fax: 717-336-3481

For Internal use only:

Scheduler: _____ Checker: _____ Date: _____