

Monoclonal Hybridoma Development Order Form

Service Package:

HS500

Antigen Name: _____ **PROJECT ID:** *(Internal Use)* _____

Antigen Type: Protein Peptide Other _____

Antigen concentration _____ (µg/ml) Vol.: _____ (ml)

If lyophilized antigen, please indicate a **buffer** should be used for reconstitution _____

Does the antigen need to be conjugated to a carriers (e.g. KLH, BSA, etc)? Yes No

If yes, please see optional services section below for additional fee and check a proper carrier

Specific Instruction (if any): _____

TOTAL PRICE: \$ _____

SHIP TO:

NAME: _____ EMAIL: _____

PHONE: _____ FAX: _____

ADDRESS: _____

BILL TO:

PO#: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Restrictions: we do not accept those antigens that are pathogenic, toxic or harmful to animals. **Free delivery is available for local customers.**

General Bioscience
Corporation

Tel: (800) 881-7734 (Toll Free North America)

(415) 385-6848

Fax: (415) 468-2700

To schedule your next project:

Send your antigen sample along with ordering form to:

General Bioscience Corporation
Custom Services
100 North Hill Drive, Suite 14
Brisbane, CA 94005