

QED Bioscience Inc.

Custom Antibody Production Order Form *In vitro* Antibody Production

CONTACT / SHIPPING INFORMATION

Company/Institution		
QED Bioscience Quote # (if applicable) :		
Contact		
Address		
City, State, Zip Code		
Phone	Fax	Email

BILLING INFORMATION

Company/Institution		
Attention		
PO Number or Credit Card (Name on card, account number, expiration date, security code)		
Address		
City, State, Zip		
Phone	Fax	Email

PROJECT INFORMATION

Customer Project Name	Customer Project Number
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CELL LINE INFORMATION FOR *IN VITRO* ANTIBODY PRODUCTION

Cell line designation:	Average doubling time in culture:
Antibody subtype / isotype:	Viability of cell line 24 hours after thawing:
Antibody yield <i>in vitro</i> (ug/ml or mg/ml) if known:	
Any culture supplements required:	
Number of frozen vials provided:	
Cell number per vial is:	
Volume of production culture requested _____ ml <input type="checkbox"/> With Serum* <input type="checkbox"/> Serum Free *Serum is super low-IgG fetal bovine serum (FBS)	
Describe any special requirements for growing the cell line(s):	
Can you provide results of <i>Mycoplasma</i> Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach results. ALL CELLS TO BE GROWN AT QED MUST BE CERTIFIED FREE OF MYCOPLASMA - NO EXCEPTIONS.	Evidence that cell lines are free of <i>Mycoplasma sp.</i> is required. QED can provide <i>Mycoplasma</i> Testing for \$200.00 per sample (PCR method) + \$15.00 per day for culture in antibiotic-free medium (requires approx. 1 week). Please allow approx. 1-2 weeks for <i>Mycoplasma</i> Testing.

ANTIBODY PURIFICATION/ADDITIONAL PROCESSING (optional)

Would you like antibody purified from culture medium? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volume of culture medium to be purified: _____ ml	Antibody subtype / isotype: _____
Has this antibody been previously purified: <input type="checkbox"/> Yes <input type="checkbox"/> No Method: _____	Yield of past purification: _____ mg from _____ ml culture medium	Any stability problems e.g. precipitation: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Method of purification requested: <input type="checkbox"/> Protein G <input type="checkbox"/> Protein A <input type="checkbox"/> Ammonium sulfate precipitation <input type="checkbox"/> PEG precipitation <input type="checkbox"/> Custom protocol attached		
Do you have a preference for final concentration of purified antibody? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what concentration? _____ mg/ml		
Would you like 0.1% sodium azide added: To culture medium? <input type="checkbox"/> Yes <input type="checkbox"/> No To purified antibody? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a preference for final delivery buffer for purified antibody (default PBS pH 7.4)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what buffer? _____		
Would you like antibody subtyping performed?(Additional charge) <input type="checkbox"/> Yes <input type="checkbox"/> No		
*** All antibody is 0.2um filtered prior to packaging ***		Would you like 50% glycerol added to purified antibody? <input type="checkbox"/> Yes <input type="checkbox"/> No

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CELL BANKING INSTRUCTIONS (optional)

Freeze cell line(s) (up to 10 vials per cell line) <input type="checkbox"/> Yes <input type="checkbox"/> No: Preparation of cell line(s) for freezing: \$300.00 per cell line or \$30.00/vial
Store the cell line(s) at QED <input type="checkbox"/> Yes <input type="checkbox"/> No Annual storage fee: \$15.00/vial per year
Ship frozen vials to customer <input type="checkbox"/> Yes <input type="checkbox"/> No Shipment of cell line(s) to customer: \$150.00 (international freight additional)

ANTIBODY CONJUGATION (optional)

<input type="checkbox"/> Biotin <input type="checkbox"/> Horseradish Peroxidase <input type="checkbox"/> Fluorescein Isothiocyanate <input type="checkbox"/> Alkaline Phosphatase <input type="checkbox"/> Other _____
If purified antibody is sent to QED for conjugation: Buffer antibody is in: _____ Current Concentration: _____ mg/ml Volume: _____ ml
Additional charges apply for conjugation of antibody. Please inquire.

PACKAGING

Final packaging: <input type="checkbox"/> Bulk aliquot <input type="checkbox"/> Multiple aliquots (Additional charges apply) Aliquot size: _____	Preferred storage/Shipping conditions: <input type="checkbox"/> Ice packs <input type="checkbox"/> Dry ice <input type="checkbox"/> Other _____ ***Dry ice charges apply***
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SHIPPING METHOD

<input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> Priority (Additional charges apply) <input type="checkbox"/> Standard Account Number: _____
<input type="checkbox"/> Prepay shipping and add to invoice

Please tell us anything else we need to know about your cell line and/or antibody:

Fax Completed form to 858-592-1509
Ship all materials and copy of this form to:
QED Bioscience Inc.
Attn: Antibody Production Orders
10919 Technology Place, Suite C
San Diego, CA 92127

Please inform QED if you require a Material Transfer Agreement (MTA) to be executed prior to shipping cell line(s). QED can provide a MTA, or customer can provide their institution's MTA.