

# QED Bioscience Inc.

## Custom Antibody Production Order Form Ascites 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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# QED Bioscience Inc.

## ASCITES PRODUCTION

Strain of mice requested: <input type="checkbox"/> Balb/c <input type="checkbox"/> SCID <input type="checkbox"/> Other: _____	Number of mice requested:
Have you produced ascites in this cell line before: <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-producing mice in prior production: _____ %
Volume ascites obtained per mouse in prior production: _____ ml/mouse	Time from injection to first tap in prior production: _____ days

## CELL LINE INFORMATION FOR ASCITES PRODUCTION IF CELLS ARE SENT TO QED READY TO INJECT

Cell line designation	Antibody subtype / isotype
<p><b>3 x 10<sup>6</sup> cells/mouse required</b> Please send more than the required number of cells to allow for loss of viability during shipping.</p> <p>Cell number shipped: _____ Volume provided: _____</p>	
Viability of cell line after 24 hours must be at least 90%. Viability at time of shipping:	
<p>If cell number is &lt;6 x 10<sup>6</sup>/ml or viability is &lt;90%, please provide your authorization to continue with the cells "as is":</p> <p>"I authorize QED to inject mice with this cell line for ascites production if the cell density is less than 6x10<sup>6</sup> cells per ml and/or the viability is less than 90%".</p> <p>Signed _____</p>	

## CELL LINE INFORMATION FOR ASCITES PRODUCTION IF CELLS REQUIRE CULTURE PRIOR TO INJECTION

Cell line designation:	Average doubling time in culture:
Antibody subtype / isotype:	Viability of cell line 24 hours after thawing:
Culture medium and any additives required:	
Number of frozen vials provided:	
Cell number per vial is:	
Describe any special requirements for growing the cell line(s):	
<p>Can you provide results of <i>Mycoplasma</i> Testing?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If Yes, please attach results.</p> <p><b>ALL CELLS TO BE GROWN AT QED MUST BE CERTIFIED FREE OF MYCOPLASMA - NO EXCEPTIONS.</b></p>	<p><b>Evidence that cell lines are free of <i>Mycoplasma sp.</i> is required.</b></p> <p>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.</p>

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## ANTIBODY PURIFICATION/ADDITIONAL PROCESSING (optional)

Would you like antibody purified from ascites? <input type="checkbox"/> Yes <input type="checkbox"/> No	Volume of ascites 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 ascites	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 Ascites? <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

## 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

UPS    FEDEX    Priority (Additional charges apply)    Standard   Account Number: \_\_\_\_\_

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.