

Antigen Submission Form

Complete prior to sending out an antigen.

Antigen Name: _____

Antigen Type: Peptide Protein (Fusion Tag: _____) Bacteria Lysate
 Other _____

Species of Origin: Human Mouse Rat Zebrafish Other _____

If the organism is a bacteria, virus, etc. how was it inactivated or killed:

Is the antigen derived from living samples (ex: human lysate): No Yes. If yes, please specify: _____

Antigen Size: _____

Antigen Purity: _____%

Is the antigen already conjugated to a carrier protein? No Yes. If yes, please specify: _____

Quantity of Antigen: _____mg

Number of Vials: _____

Antigen Lot Number (optional): _____

Antigen Form: Lyophilized

Solution: Concentration: _____mg/mL

Buffer: _____

pH: _____

Are there any buffers incompatible with the protein? No Yes

If yes, please specify: _____

Gel Strip

Antigen Storage Conditions: Room Temperature +4°C -20°C -80°C

Antigen Safety:

Is the antigen known to be toxic? No Yes

Does the antigen contain any radioactive materials? No Yes

Is the antigen derived from human samples? No Yes

For Internal Use Only: Approved: Yes No By: _____ Date: _____