Application for Antibody Preparation

Name:	Tel:	Date:
Email:		
Department:		
		Tel':
Antibody Required (P	olyclonal / Mono	oclonal):
Animal:	Animal's No'	·
Antigen Name:		
Antigen Description:	Origin, Form (Pep	ptide, Soluble Antigen or Antigen in Gel),
presence of detergent:	SDS, Urea, DTT,	, Triton, Tween, Guanidin etc):
Antigen Concentration	n(mg/ml):	
Antigen Quantity(ml):	· ·	
T • 4• .		
Immunizations:		
1 st Injection: Quantity	'(μg)	, Quantity(μl)
2 nd Injection: Quantity	y(μg)	, Quantity(μl)
3 rd Injection: Quantity	γ(μg)	, Quantity(μl)
Antigen stock:		
Total:		
After 1 st Injection.		. After 5 th ' Injection.
		. After 6 th Injection.
		. After 7 th ' Injection.
		. After 8 th ' Injection.
J -		
Additional Amount o	of Antigen:	
1		
2		
3		
4.	·	