	
<i>Linked to Doc:</i>	20613282
<i>Doc Number:</i>	20613283 Ver.4.0
<i>Doc Title:</i>	Quotation form and customer statement

QUOTATION

Polyclonal Ab production

Issued To: XXXXXXX

E-mail: XXXXXXX

Date: XXXXXXX

Dear Orith,

Please find a quote for the custom polyclonal Ab production - XXXXXXX.

Project contains:

2 Rabbits
 5 Immunizations/animal (see schedule below)
 11 Bleeds/animal (including pre-immune bleed)
 60 ml serum per rabbit

Timeline:


Week 1 Pre-Immune Bleed and Immunization
 Week 2-8 Boost
 Week 9-12 Bleeds
 Week 13 Boost
 Week 14-16 Bleeds

Full Schedule: **day**

Pre-Immune Bleed and Ag Injection	1
Antigen Injection (Booster 1)	14
Antigen Injection (Booster 2)	28
Antigen Injection (Booster 3)	42
Test bleed	50
Antigen Injection (Booster 4)	56
Sera collection	70-90
Animal extermination	120

Sigma-Aldrich will deliver the test bleeds (3-4ml each) and the antisera to the customer. Test bleeds can be evaluated using ELISA assay or alternatively using an evaluation system (specifically IB, IF) given by the customer. The pricing for this option should be separately discussed and is not included in this current quotation.

Project will be automatically terminated at week 18 unless decided otherwise by the customer. Sigma-Aldrich will contact the customer at the time of the first production to decide regarding project continuation past week 16 and additional charges respectively).

	
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Pricing:

Service	Price (ILS)
Polyclonal Ab development - protein provided by customer*	4,400

* 2mg of protein is required, please see Appendix for further details.

Conditions:

1. Terms are net, 30 days, ex. works, and do not include VAT.
2. This quotation is valid for 30 days and is made without engagement and on a subject unsold basis. Orders placed against this quotation are subject to our acceptance.
3. Sigma-Aldrich does not guarantee the success of any part of the production process. Sigma-Aldrich makes efforts to provide its customers the desired custom Abs, however, Sigma-Aldrich cannot guarantee the ability of antisera to recognize the target protein of interest according to the applications of the researcher.
4. The products supplied by Sigma-Aldrich are not for human or drug use. Sigma-Aldrich does not warrant that the products are suitable for any purpose of the purchaser, whether or not such purpose has been notified to Sigma-Aldrich. The purchaser hereby undertakes to indemnify Sigma-Aldrich against any claim that may be made against it by any third party arising from the use or sale of the hybridoma/antibodies by the purchaser.

If you have further questions - please do not hesitate to contact me.

With best regards,


Kfir Madjar, M.Sc.

Sales account manager & Life science specialist

kfir.madjar@merckgroup.com

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054-668-6947

	
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APPENDIX

Antigen Name:		
Recombinant Protein <input type="checkbox"/> Yes <input type="checkbox"/> No		
Produced in <input type="checkbox"/> e.coli, <input type="checkbox"/> tissue culture (describe) _____ <input type="checkbox"/> other (describe) _____		
Amount _____ mg Number of vials: _____		
Antigen Storage: <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -80°C Antigen Size/Mol. Wt: _____		
<input type="checkbox"/> Liquid - Diluent: _____ Amount _____ mg Concentration: _____ mg/mL	<input type="checkbox"/> Dry Amount _____ mg	<input type="checkbox"/> Gel Amount _____ mg Concentration: _____ mg/mL
Is antigen conjugated to a carrier? <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>identify carrier</i>) _____		

ANTIGEN/PROTEIN/Ab SAFETY:

Biological Safety trustee and RA Manager approval is needed prior to shipment of antigen with known hazards (any YES response in this section). It is the client's responsibility to fully disclose the nature of such materials, clearly identify them, and ship them in compliance with all applicable regulations and guidelines. In addition, the client retains liability for the toxic, or infectious agents supplied to perform the requested protocol.

Does antigen contain radioactive material?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>describe</i>)
Is antigen known to be toxic?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>describe</i>)
Is antigen from, or related to human, cow, goat, sheep or chicken derived material?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>describe</i>)
Does antigen contain live bacteria, virus, fungus, or protozoan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>describe</i>)
Does antigen contain killed or inactivated bacteria, virus, fungus, or protozoan?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (<i>inactivation & validation method</i>)
Antigen biohazard classification:	<input type="checkbox"/> Non-Biohazard	<input type="checkbox"/> BSL 1 <input type="checkbox"/> BSL 2 <input type="checkbox"/> BSL 3 or 4 not accepted

Customer name: _____ Signature: _____ Date: _____


RA manager name: _____ Signature: _____ Date: _____

Biological Safety trustee name: _____ Signature: _____ Date: _____

Production department head name: _____ Signature: _____ Date: _____

Vivarium Manager name: _____ Signature: _____ Date: _____

Local Animal Welfare Officer name: _____ Signature: _____ Date: _____

	
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REVISION SHEET

Date	Version	Nature of Changes	Changed By
27.06.2021	1.0	SOP 2-13R version 2 migrated from Lotus	Eden Basteker
12.09.2021	2.0	Adding additional approvers	Anna Fingaret-Ohayon
21.02.2022	3.0	Change version number on form	Chana Weiss
29.03.2022	4.0	Format list of approvers	Anna Fingaret-Ohayon