

ORDER FORM

POLYCLONAL ANTIBODY PRODUCTION IN CHICKENS:

Please complete the following:

Name:	Date:
Institution Name:	P.O. #:
Email Address:	Telephone #:
Fax Number:	
Department or Lab name:	

Ship to Address:

Bill to Address:

Immunogen ID:

Number of chickens to be used:

(We recommend 2 or 3 due to varying individual responses)

Polychick – I phaseTM (Immunization phase):

Day-0	Project Set-up, White Leghorn
Day-0	Preimmune Serum Sample ~ 4 mL of serum and/or egg collections
Day-0	Initial Immunization
Day-21	Boost 1
Day-35	Boost 2
Day-42	Production Bleed ~ 4 mL of serum and/or egg collections
Day-49	Boost 3
Day-56	Production Bleed ~ 4 mL of serum and/or egg collections
Day-63	Boost 4
Day-70	Production Bleed ~ 4 mL of serum and/or egg collections
Day-77	Production Bleed ~ 4 mL of serum and/or egg collections

Investigator's Statement of Assurance: This project will not unnecessarily duplicate any previous project:

Investigator's Signature:

Date:

Back up contact person:

Name:

Email Address:

Telephone Number:

PLEASE PROVIDE US WITH FURTHER INSTRUCTIONS PRIOR TO RECEIVING FOURTH PRODUCTION BLEED. PLEASE REFER TO POLYCHICKTM FEE SCHEDULE FOR OPTIONS.