

ORDER FORM

POLYCLONAL ANTIBODY PRODUCTION IN GOATS:

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 goats to be used:
(We recommend 2 or 3 due to varying individual responses)

Polygoat – I phase™ (Immunization phase):

Day-0	Project Set-up , Goat
Day-0	Preimmune Serum Sample ~ 25 mL
Day-0	Initial Immunization
Day-28	Boost 1
Day-42	Boost 2
Day-49	Production Bleed ~ 25 mL
Day-56	Boost 3
Day-63	Production Bleed ~ 25 mL
Day-70	Boost 4
Day-77	Production Bleed ~ 300 mL
Day-84	Production Bleed ~ 300 mL

Investigator's Statement of Assurance: This project does 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 AFTER RECEIVING FINAL PRODUCTION BLEED. PLEASE REFER TO POLYGOAT™ FEE SCHEDULE FOR OPTIONS.

Thank you very much for your business!