

ORDER FORM

POLYCLONAL ANTIBODY PRODUCTION IN MICE:

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 mice to be used:

(We recommend 3 to 5 due to varying individual responses)

Polymouse – I phaseTM (Immunization phase):

Day-0	Project Set-up , Balb/c Mouse
Day-0	Preimmune Plasma Sample ~ 100 uL
Day-0	Initial Immunization
Day-21	Boost 1
Day-35	Boost 2
Day-42	Plasma Sample ~ 100 uL
Day-49	Boost 3
Day-56	Plasma Sample ~ 100 uL
Day-63	Boost 4
Day-70	Plasma Sample ~ 100 uL
Day-77	Plasma Sample ~ 100 uL

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 AFTER RECEIVING FINAL PLASMA SAMPLE. PLEASE REFER TO POLYMOUSETM FEE SCHEDULE FOR OPTIONS.

Thank you very much for your business!