

## ORDER FORM

### POLYCLONAL ANTIBODY PRODUCTION IN RATS:

Please complete the following:

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

<b>Ship to Address:</b>

<b>Bill to Address:</b>

**Immunogen ID:**

**Number of rats to be used:**

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

**Polyrat – I phase<sup>TM</sup> (Immunization phase):**

Day-0	Project Set-up , Sprague Dawley Rat
Day-0	Preimmune Plasma Sample ~ 500 uL
Day-0	Initial Immunization
Day-21	Boost 1
Day-35	Boost 2
Day-42	Plasma Sample ~ 500 uL
Day-49	Boost 3
Day-56	Plasma Sample ~ 500 uL
Day-63	Boost 4
Day-70	Plasma Sample ~ 500 uL
Day-77	Plasma Sample ~ 500 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 POLYRAT<sup>TM</sup> FEE SCHEDULE FOR OPTIONS.

Thank you very much for your business!