

SOP REC No: MKT101.3 – Marketing Procedure to Initiate a Service Contract

Accession # _____ <small>Internal Use Only</small>

ASCITES PURIFICATION SERVICE REQUEST FORM

Please complete and FAX or include the following questionnaire regarding the submission of your cells to MBS for production and related services. The information you supply will aid in our ability to schedule and perform all the services you request in the most expedient manner.

CONTACT: _____	P.O. #: _____
COMPANY: _____	BILL TO: _____
SHIP TO: _____	_____
_____	_____
TELE: _____	
FAX: _____	
E-mail: _____	

CELL LINE CHARACTERISTICS

Cell line ID: _____	Fusion Pair: _____	Specificity (Optional): _____
Isotype: _____	Species: _____	

PURIFICATION SERVICES REQUESTED

Volume submitted _____ (For incoming material only. Assessment to determine purification method performed on all incoming material for \$225.00)
Purification <input type="checkbox"/> Protein A <input type="checkbox"/> Protein G
(Note: Purification will be done according to MBS protocol determined by isotype unless otherwise requested)
Final Purified Ab Requirements: Concentration: _____ Buffer (Other than PBS): _____ pH Requirements _____
Preservatives <input type="checkbox"/> None <input type="checkbox"/> Sodium Azide % _____
Would you like us to perform Isoelectric Focusing on your purified Ab? Yes No
Would you like us to perform a purity reading by Size Exclusion Chromatography? Yes No