



"Where Science and Husbandry Converge"

CAPRALOGICS INC.
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CUSTOM POLYCLONAL ANTIBODY FORM

FAX: 413-643-0067

Name: _____	Institution: _____
Department: _____	PO#: _____
Phone #: _____	Fax#: _____ E-Mail _____

Shipping Address: _____	Billing Address: _____
_____	_____
_____	_____
City: _____ State: _____ Zip Code _____	City: _____ State: _____ Zip Code _____

PEPTIDE DEVELOPMENT

Synthesis:	<input type="checkbox"/> KLH
Conjugation:	<input type="checkbox"/> KLH <input type="checkbox"/> BSA

ELISA

	<input type="checkbox"/>
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ANTIGEN

Antigen Name:	
Antigen Type:	<input type="checkbox"/> Protein <input type="checkbox"/> Peptide <input type="checkbox"/> Other: _____
Antigen Form:	<input type="checkbox"/> Solution <input type="checkbox"/> Suspension <input type="checkbox"/> Lyophilized <input type="checkbox"/> Other
Antigen Concentration:	
Antigen Storage and Handling:	

ANIMALS

Species:	<input type="checkbox"/> Rabbit (minimum 2 animals) <input type="checkbox"/> Goat <input type="checkbox"/> Sheep
Number of animals:	
Amount of serum (mls) needed:	

PROTOCOL OPTIONS:

Production 84 day (standard) SQ Immunization	<input type="checkbox"/>
Accelerated 56 day SQ Immunizations	<input type="checkbox"/>
Custom Protocol	<input type="checkbox"/>

PURIFICATION SERVICES:

Peptide Affinity Purification	
Protein Affinity Purification	
Protein A/G Affinity Chromatography	

You will be forwarded an Animal Care and Use Form before the start of your project