

Protein Production Request Form

Please fill out one form for each protein production.

ALL CUSTOMER INFORMATION IS CONFIDENTIAL.

Customer Contact Information

First Name:

Last Name:

Position or Title:

Institution or Organization:

Address:

City:

State:

Zip Code:

Phone:

Fax:

E-mail:

Additional Information:

Protein/cDNA Information

Protein Name:

Protein Accession #: _____

cDNA Information:

Genebank Accession #: _____

Sequence Provided with the Request Form

Additional Information:

Sample Information

cDNA alone

E.coli strain on plate

Plasmid with cDNA

E.coli strain in glycerol

Immune Technology accepts following samples: (1) cDNA fragment with known concentration; (2) plasmid with cDNA insertion (at least 10µl, concentration $\geq 100\text{ng}/\mu\text{l}$); (3) plasmid with cDNA insertion in *E.coli* strain on plate; or (4) plasmid with cDNA insertion in *E.coli* strain in glycerol. The (1) and (2) are strongly preferred and ask that you submit at least 5 micrograms (preferably in 50 microliters). Please note the concentration on the vial.

Please send your sample via FedEx to:

Immune Technology Corp.
954 Lexington Ave. #170
New York, NY 10021-5013

Production Information		Note: the \$500 setup fee will NOT be charged if the protein production is successful.	
<input type="checkbox"/> HEK-293 Mammalian System <input type="checkbox"/> Baculoviral System	<input type="checkbox"/> <i>E.coli</i> System <input type="checkbox"/> Yeast System		
<input type="checkbox"/> IT-P001MB 1mg (\$2800/mg) <input type="checkbox"/> IT-P005MB 5mg (\$2200/mg) <input type="checkbox"/> IT-P010MB 10mg (\$2000/mg) <input type="checkbox"/> IT-P020MB 20mg (\$1800/mg)	<input type="checkbox"/> IT-P001EY 1mg (\$2000/mg) <input type="checkbox"/> IT-P005EY 5mg (\$1100/mg) <input type="checkbox"/> IT-P010EY 10mg (\$850/mg) <input type="checkbox"/> IT-P020EY 20mg (\$600/mg)		
<input type="checkbox"/> IT-PX00MB > 20 milligrams Please specify: _____	<input type="checkbox"/> IT-PX00EY > 20 milligrams Please specify: _____		
Additional information:			
Quality tests			
Tests 1-3 are provided without additional charge			
<input type="checkbox"/> 01- Appearance on Coomassie Blue gel	<input type="checkbox"/> 02- A ₂₆₀ /A ₂₈₀		
<input type="checkbox"/> 03- Purity determined by			
Tests 4 is provided with additional charge			
<input type="checkbox"/> 04- Western Analysis if antibody is provided +\$50			
Additional information:			
<p>I understand and accept that IMMUNE TECHNOLOGY Corp.'s total aggregate liability to CUSTOMER and all third-parties is limited to the amount of SERVICE FEE paid by CUSTOMER, for any and all injuries, damages, claims, losses, expenses, or claim expenses (including attorneys' fees) arising out of this CONTRACT from any cause or causes. Such causes include, but are not limited to, any failure of performance, errors, omissions, strict liability, breach of contract, breach of warranty, or consequential damages.</p>			
_____ (Signature)	AND	_____ (Date)	

Please mail or fax the form to 866-886-8189. Thank you.