They can accept the antigen in a gel slice, with 1.25-2.5 mg total required for a single rabbit.

Call Michael Werner at HHMI (x3179) to confirm payment method.

The forms used for sample submission are below, please complete and include with your sample.
# CUSTOM POLYCLONAL ANTISERUM ORDER FORM

<table>
<thead>
<tr>
<th>SHIP-TO INFORMATION</th>
<th>BILL-TO INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institution:</td>
<td>Purchase Order Number:</td>
</tr>
<tr>
<td>Attention:</td>
<td>Credit Card Number (V/MC):</td>
</tr>
<tr>
<td>Address:</td>
<td>Institution:</td>
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<td></td>
<td>Address:</td>
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<td>City, State, Zip:</td>
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<td>Phone:</td>
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<td>Fax:</td>
<td>Phone:</td>
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<tr>
<td>E-mail:</td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

## Antigen Information

Antigen Name: __________________ Investigator Name: __________________

Animal Type:  
- Rabbit  
- Goat  
- Chicken  
- Guinea Pig  
- Other…

Number of Animals: __________

If other, please describe: ________________

Form:  
- Solution  
- Gel

Amount: __________ mg  Volume: __________ mL

## Injection Information

Initial Injection Amount: __________ g  Boost Amount: __________ g

Adjuvant Type:  
- Freund’s  
- Other…

If other, please describe: ________________

Comments: __________________
ANTIGEN DISCLOSURE STATEMENT

We/I, the undersigned, hereafter referred to as “the customer”, hereby certify and warrant that the proposed custom antiserum project will utilize nonviable pathogen, human, animal or infected cell line(s).

The customer understands that this information will be restricted to the serum production department of Antibodies Incorporated unless the customer gives permission otherwise. This will be considered a binding contract between the customer and Antibodies Incorporated. The customer will assume all expenses including taxes, freight, and cost overrun of the purchase order resulting from modified or extended protocols. Antibodies Incorporated understands that no protocol may be modified or extended without permission from the customer.

Print Name ___________________________ Title ___________________________ Date ________________

Signature ___________________________ Telephone ___________________________ Facsimile ______________

E-mail Address ___________________________

Institution Name:______________________________________________________________

Shipping Address:____________________________________________________________

List Antigens by Lot/Part Number:______________________________________________

This Antigen Disclosure Statement is required because of the following policies:
  1.) No custom antiserum is made that duplicates any product in the Antibodies Incorporated catalog.
  2.) No custom antiserum is made to a viable pathogen, human or animal.

The customer can be sure that Antibodies Incorporated will enforce it’s policy of total secrecy with respect to antigen disclosure. The name of the antigens used is not shared with anyone outside of the Antibodies Incorporated serum production unit unless the customer specifically requests advice with respect to solubility or antigenicity.

Antibodies Incorporated, the undersigned, warrants the following:
  1.) The antiserum is produced under the conditions described in the agreement, which Antibodies Incorporate submitted to the customer, and which was accepted by the customer.
  2.) The antiserum is produced using normal and healthy animals under USDA guidelines.
  3.) The antiserum is sent to the customer together with the export certificate (if required) issued from the relevant authority of the United States to meet requirements of import/export quarantine in terms of the international regulations.

Print Name ___________________________ Title ___________________________ Date ________________

Signature (Antibodies Incorporated)