

Mailing address:

Name _____
 Institution _____
 Department _____
 Address _____

 City _____
 State, Zip _____
 Email _____
 Phone _____

Billing Information:

P. O. # _____
 Name _____
 Institution _____
 Address _____

 City _____
 State, Zip _____
 Email _____
 Phone _____

For credit card payment: Visa <input type="checkbox"/> Master <input type="checkbox"/> AE <input type="checkbox"/>			
Card # _____	Card Holder Name _____		
Expiration date _____	Signature _____	Date _____	

Antibody 1

Name _____

- AB201** (Anti-protein package) **Please circle one:** Purified Protein Gel Stripe
- AB202** (Anti-peptide package)
- AB203** (Complete anti-peptide package)
- SAB01** (Affinity purified phospho-specific antibody package)
- SAB02** (Affinity purified other site-specific antibody package)
- AGW** (Western guaranteed antibody package)
- AGP** (IP guaranteed antibody package)

Peptide Antigen Sequence

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Antibody Purification

- Affinity column
- Protein A column

Package price: \$ _____
Purification price: \$ _____
*Extra charge: \$ _____
Total: \$ _____

*Peptide included in packages is 15mer and 70% pure. Extra charge applies to >15mer and higher purity.

Number of Antibodies _____ **Total Order Price (\$)** _____

Comments

Your name _____	Email _____	Date _____
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Antibody _____ **Name** _____

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Purification price: \$ _____

*Extra charge: \$ _____

Total: \$ _____

Antibody _____ **Name** _____

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