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| --- | --- | --- | --- |
| Please fill out the following form then email it or fax to us.  Email: info@novateinbio.com; Fax: (617) 380-0053 | | | |
| I. Customer Information | | | |
| Name: |  | Fax: |  |
| Organization: |  | Purchase Order# |  |
| Shipping Address: |  | Billing name/address/phone number: |  |
| Email: |  | Charge to (if not the same as above): |  |
| II. Target Protein Information | | | |
| Protein Name: |  | Species |  |
| Expression Region Desired ( e.g. S21 - N256) : |  | Accession Number: |  |
| Molecular Weight (kDa): |  |
| Protein Sequence (single-letter format): |  | | |
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| Planned protein usage (e.g. cell-based assay, antigen, animal model, crystallagraphy, etc. |  | | |
| III.              Expression Host | | | |
| Bacteria: |  | Mammalian cell: |  |
| Yeast: |  | Baculovirus/insect cell: |  |
| Expression Vector Desired: |  | If expression level tested, please specify the yield (mg/L): |  |
| IV. Starting Materials | | | |
| Customer provides ready-to-use expression vector : |  | Customer provides gene template DNA, and Novateinbio does gene cloning: |  |
| Gene synthesis by Novateinbio: |  | Already have a protocol? Please send to us at info@novateinbio.com |  |
| **Expression scale** | | | |
| Amount of Protein (mg): |  | Culture Volume (liters): |  |
| V. Additional Product Requirements | | | |
| Type and location of tags (please check with an ‘x’ for No or Yes) | | | |
| 6x His: |  | GST: |  |
| Thioredoxin: |  | Fc |  |
| Others (please specify): |  | Location |  |
| Purity desired in SDS-PAGE (%): |  | Concentration Range (mg/ml): |  |
| Tag removal required? |  |  |  |
| Endotoxin limit | | | |
| EU/mg |  |  |  |
| **Aliquotting** | | | |
| Buffer exchange before aliquot? (please specify) |  | Sizes (µg/vial, µl/vial); Number of vials: |  |
| **Lyophilization** | | | |
| Yes  No | | | |
| **Conjugation** | | | |
| Biotin: |  | HRP: |  |
| FITC: |  | Other ( please specify ) |  |