

Application for Antibody Preparation

Name: _____ Tel: _____ Date: _____.

Email: _____

Department: _____.

Group Head: _____ Tel': _____.

Antibody Required (Polyclonal / Monoclonal): _____.

Animal: _____ Animal's No': _____.

Antigen Name: _____.

Antigen Description: Origin, Form (Peptide, Soluble Antigen or Antigen in Gel),
presence of detergent: SDS, Urea, DTT, Triton, Tween, Guanidin etc):
_____.

Antigen Concentration(mg/ml): _____.

Antigen Quantity(ml): _____.

Immunizations:

1st Injection: Quantity(μ g) _____, Quantity(μ l) _____.

2nd Injection: Quantity(μ g) _____, Quantity(μ l) _____.

3rd Injection: Quantity(μ g) _____, Quantity(μ l) _____.

Antigen stock:

Total:

After 1st Injection. _____ After 5th Injection. _____.

After 2nd Injection. _____ After 6th Injection. _____.

After 3rd Injection. _____ After 7th Injection. _____.

After 4th Injection. _____ After 8th Injection. _____.

Additional Amount of Antigen:

1. _____.

2. _____.

3. _____.

4. _____.