

Protein Expression Service Inquiry Form

Please complete this form and return to your technical sales specialist. Your sales specialist will contact you with a quotation as soon as possible.

Client Information*:

Full Name:	
Phone:	
Email:	
Institution/Company:	

Target Protein Information:

Basic Information	Gene/Protein Name*:	Species*:	Molecular Weight:
	GenBank Accession Number*:		
	Nucleotide Sequence*: Amino Acid Sequence (please include mutation sequence, if applicable)*:		
Protein Applications*	<input type="checkbox"/> Activity assay <input type="checkbox"/> Drug screening <input type="checkbox"/> Cell-based Assay <input type="checkbox"/> Structural study <input type="checkbox"/> Antigen <input type="checkbox"/> Other		
Previous Experimental Data and Results	Expression System:		Expression Vector:
	Expression Conditions:		Expression Results:
Please describe any previous attempts to express and purify target protein. Protocols can be copy-pasted here or attached separately.			

Expression and Purification:

Tel: 888 754 5670 | Fax: 888 754 5670

<http://www.abclonal.com>

Gene Information*	<input type="checkbox"/> Gene Synthesis <input type="checkbox"/> Gene Synthesis (Including codon optimization) <input type="checkbox"/> Client offers expression plasmid <input type="checkbox"/> Client will provide non-expressing DNA plasmid (subcloning required) <input type="checkbox"/> Plasmid selected from ABclonal cDNA library <input type="checkbox"/> Other
Expression Vector*	<input type="checkbox"/> ABclonal uses proprietary expression vector <input type="checkbox"/> Client specifies expression vector:
Expression System*	<input type="checkbox"/> E.coli expression <input type="checkbox"/> Mammalian expression <input type="checkbox"/> Baculovirus expression <input type="checkbox"/> Yeast expression
Tag	<input type="checkbox"/> N-His <input type="checkbox"/> N-His-sumo <input type="checkbox"/> N-GST <input type="checkbox"/> N-MBP <input type="checkbox"/> Other: _____ <input type="checkbox"/> N-Flag <input type="checkbox"/> C-His <input type="checkbox"/> C-Flag <input type="checkbox"/> Notag
Tag Removal Required*?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purification Method*	<input type="checkbox"/> Performed by ABclonal <input type="checkbox"/> Performed by client (Note: For client-provided protocols, please copy-paste here or attach separately.)
Deliverable Requirements*	Protein Quantity: mg Protein purity: % Protein concentration: _____ Endotoxin level: _____ Delivery Buffer: _____ (ABclonal's standard delivery buffer is Tris - NaCl or PBS, 5-10% Glycerol) Aliquot requirements: ug/tube (Please specify amount per tube)
Protein Form (choose one):	<input type="checkbox"/> Soluble <input type="checkbox"/> Insoluble or Inclusion Body form
Protein Refolding	If the protein is expressed as inclusion bodies, is protein refolding desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
Protein Validation Methods*	<input type="checkbox"/> SDS-PAGE <input type="checkbox"/> Western Blot <input type="checkbox"/> Activity Detection
Other Notes	
Grant Status	<input type="checkbox"/> The proposal will be used to apply for a grant

Note: Items marked with * are required fields.