

# LAMPIRE Polyclonal Antibody Project Initiation Form

## 1) General Information:

Company/Institution:		Project Name or Number:	
Investigator:	Name:	Phone:	Email:
Contact:	Name:	Phone:	Email:
PO #:			
Credit Card Information:	Name on Card:	Card #:	Exp: <span style="float: right;">CCV:</span>

## 2) Billing/Shipping Information:

Shipping address same as billing?  Yes

Carrier (FedEx, Ups, etc.)		Carrier Number:	
Accounts Payable Contact:		Ship to contact:	
Company:		Company:	
Dept./Bldg./Room#		Dept./Bldg./Room#	
Address:		Address:	
City, State, Zip		City, State, Zip	
Phone Number:		Shipment Notification Email:	

## 3) Immunization protocol:

Species and Number of Animals:	
<input type="checkbox"/> Rabbit: _____ <input type="checkbox"/> Goat: _____ <input type="checkbox"/> Sheep: _____ <input type="checkbox"/> Chicken: _____ <input type="checkbox"/> Llama: _____ <input type="checkbox"/> Alpaca: _____ <input type="checkbox"/> Other: _____ Qty: _____	
Please choose from one of the Immunization Protocols below: <input type="checkbox"/> <b>Classic-Line Protocol (98 Days)</b> <input type="checkbox"/> <b>Express-Line Protocol (57 Days)</b> <input type="checkbox"/> <b>Camelid Protocol (70 Days)</b> <input type="checkbox"/> <b>CUSTOM IMMUNIZATION PROTOCOL – Please attach your protocol</b>	Include special instructions (special adjuvant, blood bleeds) May result in additional charges: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<i>Please note, for chicken projects, eggs will be discarded after 90 days from date of collection. Preservation of yolk is offered for an additional cost.</i>	

## 4) Antigen Information:

Antigen supplied by LAMPIRE?  No  Yes *If yes, complete dosage information only.*

	Injection Antigen #1	Injection Antigen #2	Screening Antigen
Antigen name (include tag/conjugate):			
Format* (liquid/powder)			
Storage Conditions:	<input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C	<input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°	<input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°
Total Antigen Supplied:			
Concentration/ Dosage:	Conc: _____ Dose: _____	Conc: _____ Dose: _____	Conc: _____
Potentially Biohazardous**	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling Instructions: (required for biohazardous material)			

\*Antigens supplied in a gel slice will incur a processing fee

\*\* If attenuated, please provide documentation

## 5) Additional Services (may incur additional charges):

ELISA	<input type="checkbox"/> All Bleeds <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	Include special instructions below: (i.e. custom ELISA protocol; custom media for tissue harvests)
Purification	<input type="checkbox"/> Protein A <input type="checkbox"/> Protein G <input type="checkbox"/> Affinity; sequence needed: _____ <input type="checkbox"/> Crude IgY <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	
Conjugation	<input type="checkbox"/> KLH <input type="checkbox"/> BSA <input type="checkbox"/> OVA <input type="checkbox"/> LLH <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	
Peptide Synthesis	<input type="checkbox"/> Sequence: _____ <input type="checkbox"/> N/A	
Tissue Isolation	<input type="checkbox"/> Spleen <input type="checkbox"/> Bone marrow <input type="checkbox"/> GALT <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	
Cell - Nucleic Acid Isolations	<input type="checkbox"/> Buffy Coat <input type="checkbox"/> Splenocytes <input type="checkbox"/> RNA <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A	<b>Other tissues and products are available.          Please ask your LAMPIRE Sales          Representative or Project Manager          for more details.</b>

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## 6) Labeling and Shipping Instructions:

<input type="checkbox"/> Standard Shipping: <i>Pre-bleed and first test bleed shipped together, subsequent bleeds shipped as available.</i>	<input type="checkbox"/> Other: Please indicate any special shipping instructions:
<input type="checkbox"/> Ship ALL bleeds at the end of the protocol.	

## 7) Application: Let us help serve you better by telling us how you plan to use your antibody

Please label your antigen(s) accordingly as described below. Improperly labeled antigen(s) may delay the start of your project.

**Client Name, Antigen Name, Project Name, Conjugate, Concentration, and Volume**  
**Also, please provide LAMPIRE the lead time in the event additional Antigen is required.**

Print a copy of the completed form for your records and submit completed form via EMAIL.

Unless otherwise instructed by LAMPIRE Project Management, ship antigen and a copy of this completed form to:

LAMPIRE Biological Laboratories, Inc.  
Attn: Antigen Receiving Dept.  
255 Industrial Blvd  
Everett, PA 15537

## 8) IACUC - Institutional Animal Care and Use Committee Requirements:

LAMPIRE Biological Laboratories, Inc., in compliance with federal regulations, presents each animal-use project to IACUC (Institutional Animal Care and Use Committee) for approval prior to project initiation. Criteria for acceptance of a project are established in 9CFR, Chapter 1: Animal and Plant Health Inspection Service, USDA, Subchapter A- Animal Welfare. To expedite initiation of your project, please complete the following questions and assurances as thoroughly as possible. If your company or institution is a USDA-registered facility with an IACUC of its own, LAMPIRE may accept an approved Animal-Use Proposal from that committee. If any questions arise during our IACUC review of your project, you may be contacted for clarification.

Please state your rationale for the appropriateness of the species and number of animals used for this activity:

*i.e., "One animal will yield an adequate volume of antiserum for determining an antibody response" AND "Sheep are appropriate host animals due to their immunologic response to the antigen refinements"*

Notice: LAMPIRE is certified to ISO13485 and does not perform GLP studies in accordance with ISO 17025.

## 9) Client Signature:

Your signature indicates this project does not unnecessarily duplicate previous experiments or projects, the number of animals used was minimized, and alternatives to animal use were considered. All information presented above is correct and all notations by Lampire are understood:

Print Name \_\_\_\_\_ Client Signature \_\_\_\_\_ Date \_\_\_\_\_

## Project Approval (LAMPIRE use only):

Requested Need by Date of Review (typically 2 business days): \_\_\_\_\_

Technical Review By (Initial/Date): \_\_\_\_\_

IACUC Review By (Initial/Date): \_\_\_\_\_

IACUC Protocol Assigned: \_\_\_\_\_