

# LAMPIRE Polyclonal Antibody Project Initiation Form

## 1. General Information

|                        |  |                            |  |
|------------------------|--|----------------------------|--|
| Company / Institution: |  | Project Name / Number:     |  |
| Investigator Name:     |  | PO#                        |  |
| Contact Name:          |  | Credit Card#               |  |
| Phone:                 |  | (Name on Card + Exp Date): |  |
| Fax:                   |  | E-mail:                    |  |

## 2. Billing / Shipping Information

|                           |  |                            |  |
|---------------------------|--|----------------------------|--|
| Accounts Payable contact: |  | Ship to contact:           |  |
| Company:                  |  | Company:                   |  |
| Dept./Bldg./Room#:        |  | Dept./Bldg./Room#:         |  |
| Address:                  |  | Address:                   |  |
| City, State, Zip          |  | City, State, Zip           |  |
| Phone:                    |  | Carrier (FedEx, UPS, etc.) |  |
| Fax:                      |  | Your carrier #:            |  |

## 3. Antigen Information

|   |  |   |  |
|---|--|---|--|
| <b>Immunogen name:</b>                            |  | <b>Screening antigen name:</b>                    |  |
| Format (liquid, powder, etc.)                     |  | Format (liquid, powder, etc.)                     |  |
| Tag or conjugate name:                            |  | Tag or conjugate name:                            |  |
| Storage conditions:                               | <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C | Storage conditions:                               | <input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C |
| No. of containers:                                |  | No. of containers:                                |  |
| Volume per container:                             |  | Volume per container:                             |  |
| Concentration / Dosage                            | Conc: _____ Dose: _____  | Concentration:                                    |  |
| Potentially Biohazardous?*                        | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unknown | Potentially Biohazardous?*                        | <input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> Unknown |
| Handling instructions (required if biohazardous): |  | Handling instructions (required if biohazardous): |  |

\* If attenuated, please provide documentation

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## 4. Protocol Selection (please check only one)

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <b>CLASSIC-LINE Basic</b><br>(98-day protocol)  | <input type="checkbox"/> <b>EXPRESS-LINE Basic</b><br>(50-day protocol)  | <input type="checkbox"/> <b>HARMONY-LINE Basic</b><br>(50-day protocol with optional exsanguination bleed at day 57)                      | <input type="checkbox"/> <b>OTHER</b><br>(Please attach protocol) |
| <input type="checkbox"/> <b>CLASSIC-LINE Extended</b><br>(98-day protocol with monthly option to extend project) | <input type="checkbox"/> <b>EXPRESS-LINE Plus</b><br>(50-day protocol with exsanguination bleed at day 57)       | <input type="checkbox"/> <b>HARMONY-LINE ELISA</b><br>(50-day protocol with optional exsanguination bleed at day 57 and one ELISA Screen) |   |
|  | <input type="checkbox"/> <b>EXPRESS-LINE Extended</b><br>(50-day protocol with monthly option to extend project) | <input type="checkbox"/> <b>HARMONY-LINE Extended</b><br>(50-day protocol with monthly option to extend project)                          |   |

## 5. Species and Number of Animals

|                                    |                                  |                                |                                     |                               |                                 |                                       |
|------------------------------------|----------------------------------|--------------------------------|-------------------------------------|-------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Rabbit(s) | <input type="checkbox"/> Goat(s) | <input type="checkbox"/> Sheep | <input type="checkbox"/> Chicken(s) | <input type="checkbox"/> Mice | <input type="checkbox"/> Rat(s) | <input type="checkbox"/> Other: _____ |
| Qty: _____                         | Qty: _____                       | Qty: _____                     | Qty: _____                          | Qty: _____                    | Qty: _____                      | Qty: _____                            |

## 6. Immunochemistry Services

|                    |  |  |                                     |                                       |                                       |
|--------------------|--|--|-------------------------------------|---------------------------------------|---------------------------------------|
| ELISA:             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Day 0 and test bleed only | <input type="checkbox"/> All bleeds | <input type="checkbox"/> Other: _____ |                                       |
| Purification:      | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Protein A                 | <input type="checkbox"/> Protein G  | <input type="checkbox"/> Affinity     | <input type="checkbox"/> Other: _____ |
| Conjugation:       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> KLH                       | <input type="checkbox"/> BSA        | <input type="checkbox"/> Other: _____ |                                       |
| Peptide Synthesis: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sequence: _____                                    |                                     |                                       |                                       |

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## 7. 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, a committee member will contact you for clarification.

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

*(i.e., "Goats are appropriate host animals due to the volume of serum required in our project." or "Sheep are appropriate host animals due to their immunologic response to the antigen refinements." or "Donkeys are appropriate host animals for this project as the characteristics of their antisera are consistent with established requirements for further manufacturing.")*

Please briefly state your rationale for the number of animals used for this activity:

*(i.e., "One animal will yield an adequate volume of antiserum for determining an antibody response." or "Three animals will yield an adequate volume of antiserum for testing purposes." or "Ten animals will yield the necessary volume of antiserum required for manufacturing purposes.")*

Your signature below indicates that this project does not unnecessarily duplicate previous experiments or projects, the number of animals has been minimized and alternatives to animal use have been considered.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## 8. Labeling and Shipping Instructions

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

| IMMUNOGEN        |                   |
|------------------|-------------------|
| Project: _____   | Client _____      |
| Antigen: _____   |                   |
| Conjugate: _____ |                   |
| Lot #: _____     | Conc: _____ mg/mL |
| Vol: _____ mL    | Storage: _____ °C |

| SCREENING ANTIGEN |                   |
|-------------------|-------------------|
| Project: _____    | Client _____      |
| Antigen: _____    |                   |
| Conjugate: _____  |                   |
| Lot #: _____      | Conc: _____ mg/mL |
| Vol: _____ mL     | Storage: _____ °C |

Print a copy of the completed form for your records.

Submit completed form via EMAIL  
or fax completed form to 215-795-0237

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**

## 9. Project Approval (LAMPIRE use only)

\_\_\_\_\_  
Lampire Project Management Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Lampire Technical Support Approval

\_\_\_\_\_  
Date