

# 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 Info:	Name on card:	Card #:	Exp:      CVV:

## 2) Billing/Shipping Information:

Shipping address same as billing?    Yes

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

## 3) Immunization protocol:

Species and Number of Animals:

Rabbit(s) Qty: \_\_\_\_\_    Goat(s) Qty: \_\_\_\_\_    Sheep Qty: \_\_\_\_\_    Chicken(s) Qty: \_\_\_\_\_    Rat(s) Qty: \_\_\_\_\_    Other \_\_\_\_\_ Qty: \_\_\_\_\_

Please choose from one of the Immunization Protocols below:      *Include special instructions (special adjuvant, whole blood bleeds). Additional charges may apply:*

CLASSIC-LINE Basic (98 Day Protocol)  
 CLASSIC-LINE Extended (98 Day Protocol with monthly extension)  
 EXPRESS-LINE Basic (57 Day Protocol)  
 EXPRESS-LINE Extended (57 Day Protocol with monthly extension)  
 CUSTOM IMMUNIZATION PROTOCOL – Please attach your protocol

*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.*

## 4) Antigen Information:

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

	Injection Antigen #1	Injection Antigen #2	Screening Antigen
Antigen name (include tag/conjugate):			
Format (liquid/powder/gel*)			
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°C	<input type="checkbox"/> 4°C <input type="checkbox"/> -20°C <input type="checkbox"/> -70°C
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: <i>(required for bio-hazardous material)</i>			

\*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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> All Bleeds <input type="checkbox"/> Other: _____	Include special instructions below: (i.e. custom ELISA protocol; custom media for tissue harvests)
Purification	<input type="checkbox"/> Yes <input type="checkbox"/> No <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 _____	
Antigen 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 <input type="checkbox"/> Sequence: _____	
Tissue Isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spleen <input type="checkbox"/> Bone marrow <input type="checkbox"/> GALT <input type="checkbox"/> Other _____	
Cell - Nucleic Acid Isolations	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Buffy Coat <input type="checkbox"/> Splenocytes <input type="checkbox"/> RNA <input type="checkbox"/> Other _____	<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"/> Test Bleeds shipped individually (standard) <input type="checkbox"/> Production Bleeds shipped Individually (standard) <input type="checkbox"/> Ship ALL bleeds at the end of the protocol	<input type="checkbox"/> Other: Please indicate any special shipping instructions:
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## 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  
Submit completed form via EMAIL or fax a 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

## 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"*

## 9) Client Signature:

Your signature below 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; along with that all the information above is correct:

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

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

\_\_\_\_\_  
Date

## Project Approval (LAMPIRE use only):

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

Date: \_\_\_\_\_

Technical Review By: \_\_\_\_\_

Date: \_\_\_\_\_

IACUC Review By: \_\_\_\_\_

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_