Material Submission Form

1. Client Contact Information

Name:	Tel:
Email:	Department:

2. Client Provides Cloning Template (used to construct expression plasmid)

Gene Name:	Gene region:
Vector name:	Resistance:
☐ Plasmid (preferred method)	☐ strain (with glycerol, volume should be at least 500uL)
Offer DNA Sequencing result: ☐Yes (recommended) ☐ No	Sequencing primers:

3. Client Provides Prokaryotic Expression Plasmid (used for direct expression)

Tag Name & Position (N/C terminus):	Tag Size:
If client provides expression strain, the name and antibiotic resistance of the strain:	
If client has expressed the protein previously, indicate the expression conditions and results (pictures can be attached separately)	

4.Client Provides Antigen(used for immunization)

a.Protein antigen

Protein amount(mg):	Purity(recommended >85%):	Protein size(kDa): Name:
Concentration (>1 mg/mL):	**Buffer:**	
SDS-PAGE detection result (can be attached separately) not available		

b.Peptide antigen

Peptide amount(mg):	Purity (recommended >85%):	Peptidelength:
Carrier Protein:	Buffer:	
Peptide sequence:		

5. Client provides control lysates/other QC test materials (fill all that apply)

Sample name (protein origin):	Protein quantity(mg):	
Protein concentration(>1mg/mL):	Loading buffer concentration:	
Tissue type:	Tissue species:	Tissue amount(mg):
Tissue slice name:	Slicing type(paraffin/frozen):	Slicing amount:

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Notes:

1.If providing plasmid or protein, please fill in sections 2-4 as appropriate. Materials cannot be accepted without this completed form.

2.If providing plasmid or transformed bacteria,plasmids must contain the antigen insert. Expression/cloning plasmids are preferred, followed by bacterial stock. PCR products and cDNA cannot be accepted.

3.If providing plasmid, the concentration of the plasmid should be 100ng/μL,and the volume>20μL. If client provides bacterial stock, the OD600 value of the strain should be >0.4,and the volume >500μL. Buffer should contain glycerol. Plasmid should be provided in microcentrifuge tube (preferred) or blotted on filter paper.

4.Provided plasmids should have commercially available, universal primers. Client should offer complete plasmid name,bacterial resistance, plasmid map, etc.

5.Only plasmids with His-tag and GST-tag can be used to express and purify the antigen. If the plasmid has another tag,it will be used as a template to construct a His or GST-tagged plasmid.Client should offer detailed expression conditions(OD value,concentration of IPTG,induction time and so on) and expression images if the protein has been expressed previously.

6.If providingpurified protein,the required amount is 2mg/rabbit, and the amount for affinity purification is 5-10mg. Buffer requirements should be considered as below. Protein or peptide should be delivered in microcentrifuge/Eppendorf tubes in appropriate buffer (see below).

Buffer Components for Provided Proteins

Compound	Concentration
Azide	None
CHAPS	0.1-0.2M
DMSO	None
DTT	1M
EDTA	10mM
Ethanol	<5%
Glycerol	20%
Imidazole	1M
Mercapto-ethanol	1mM
NaCl, KCl2, MgCl2	1M
Octylgluside	1%
Other Chelates	10mM
PMSF	None
Primary Amines	None
Other salts	1M
SDS	<0.2%
Tris	0.1M
Triton X-100	<0.5%
Tween 20	<0.1%
Urea/Guanidine	6M

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