

## Antibody Development Service Inquiry Form

1. Customer Information		2. Target Information	
*Name		*Target Name	
*Email		*Species (Latin Name)	
*Organization		*UniProt ID	
*Budget range	<input type="checkbox"/> \$2-3k <input type="checkbox"/> \$5-6k <input type="checkbox"/> \$8-10k <input type="checkbox"/> \$12-15k <input type="checkbox"/> >\$20k	*Target type	<input type="checkbox"/> Extracellular protein <input type="checkbox"/> Membrane protein <input type="checkbox"/> Intracellular protein <input type="checkbox"/> Small molecule compound <input type="checkbox"/> PTM specific <input type="checkbox"/> Others
3. Antigen Information			
*Do you have the antigen designed?	<input type="checkbox"/> Yes, please specify: _____ <input type="checkbox"/> No		
*Are you providing your own antigen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Antibody Information			
*Antibody type	<input type="checkbox"/> Rabbit polyclonal antibody <input type="checkbox"/> Rabbit monoclonal antibody <input type="checkbox"/> Mouse monoclonal antibody <input type="checkbox"/> Lama/Alpaca nanobody		
*Primary Application (Select only ONE)	<input type="checkbox"/> ELISA <input type="checkbox"/> Sandwich ELISA <input type="checkbox"/> FACS <input type="checkbox"/> Neutralization <input type="checkbox"/> Blocking <input type="checkbox"/> Agonist <input type="checkbox"/> Antagonist <input type="checkbox"/> WB <input type="checkbox"/> IHC <input type="checkbox"/> IP/ChIP <input type="checkbox"/> IF <input type="checkbox"/> others _____		
Other Desired Applications (Select all that apply)	<input type="checkbox"/> ELISA <input type="checkbox"/> Sandwich ELISA <input type="checkbox"/> FACS <input type="checkbox"/> Neutralization <input type="checkbox"/> Blocking <input type="checkbox"/> Agonist <input type="checkbox"/> Antagonist <input type="checkbox"/> WB <input type="checkbox"/> IHC <input type="checkbox"/> IP/ChIP <input type="checkbox"/> IF <input type="checkbox"/> others _____		
Cross-reactivity requirement for antibody (Please specify)			
Related literature for the preparation of antibodies	<input type="checkbox"/> Yes (literature information: _____)		
Any additional information (i.e., if you used related commercial antibodies in the past)			

• If you have any questions about CRO service, please email at [customer@yurogen.com](mailto:customer@yurogen.com) or call (+1)508-753-4822.