

Quote Request, Recombinant Protein

Date: _____

Name :			
Title:			
Institution/Company:			
Address:			
Phone:		Cell Phone:	
Email:		Fax:	

To ensure that we understand your needs & project requirements, please fill out or type in this form. If the information is not available or you **do not wish to share the information prior to signing the CDA**, please leave the field blank. Kindly fax us the information at **91-124-436 5221**.

Protein Information	
Protein Name:	Isoform:
Localization	Specify /Comment
Cytosolic <input type="checkbox"/>	
Integral Membrane <input type="checkbox"/>	
Peripheral Membrane <input type="checkbox"/>	
Nuclear <input type="checkbox"/>	
Secreted <input type="checkbox"/>	
Other <input type="checkbox"/>	
Full length Yes <input type="checkbox"/> No <input type="checkbox"/>	Accession Number: GenBank <input type="checkbox"/> EMBL-Bank <input type="checkbox"/> DDBJ <input type="checkbox"/> Swiss-Prot <input type="checkbox"/> Novel <input type="checkbox"/>
Molecular Weight (MW, KDa):	Sub Unit Composition and Subunit MWs, KDa's:
Known Post-translational Modifications : Glycosylation <input type="checkbox"/>	Phosphorylation <input type="checkbox"/> Lipid Chain <input type="checkbox"/> Other <input type="checkbox"/>

Requested Services:	
Clone	Customer scope <input type="checkbox"/> PREMAs scope <input type="checkbox"/>
Cloning <input type="checkbox"/>	Commercial vector <input type="checkbox"/> , specify: PREMAs proprietary vector <input type="checkbox"/>
Tag, Specify:	N-terminus <input type="checkbox"/> C-terminus <input type="checkbox"/> Fusion Protein, Specify:
Expression System :	Bacteria <input type="checkbox"/> Yeast <input type="checkbox"/> Mammalian Cell Line <input type="checkbox"/> Insect Cell Line <input type="checkbox"/>
Specify expression system (e.g – <i>E. coli</i> , <i>Pichia pastoris</i> , <i>S. cerevisiae</i> , CHO, etc):	
Growth Conditions Optimization	Yes <input type="checkbox"/> No <input type="checkbox"/> Protocol available <input type="checkbox"/>
Expression Optimization	Yes <input type="checkbox"/> No <input type="checkbox"/> Protocol available <input type="checkbox"/>
Protein Purification	Yes <input type="checkbox"/> No <input type="checkbox"/> Standard Protocol Yes <input type="checkbox"/> No <input type="checkbox"/>
Customer Supplied protocol	Yes <input type="checkbox"/> No <input type="checkbox"/> Novel Protocol Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing Protocol after adjustment / optimization. Specify:	
Raw Material Production, Scale:	Liters:
Please specify if cGMP grade material required Yes <input type="checkbox"/> No <input type="checkbox"/>	

Product Specifications:	
Required amounts:	mg gm Regular supply Yes <input type="checkbox"/> No <input type="checkbox"/>
Required purity, >%	
Preparation	Aqueous <input type="checkbox"/> Lyophilized <input type="checkbox"/> Microsomes <input type="checkbox"/> Membrane Protein <input type="checkbox"/>
Aliquot size	mg/ml or mg/vial
Digest/remove tag	Yes <input type="checkbox"/> No <input type="checkbox"/> N.A <input type="checkbox"/>
Digest/remove fusion proteins	Yes <input type="checkbox"/> No <input type="checkbox"/> N.A <input type="checkbox"/>
Endotoxin, <EU/mg level	

Please specify the analytical method/assays	
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Any other comments / additions: _____
