

Fast-MAb™

Hybridoma cell line Production Form

Customer Information

Company _____	Date _____
Contact Name _____	PO# _____
Email _____	Fax _____
Telephone _____	
Shipping Address _____	Shipping Address _____
_____	_____
_____	_____
_____	_____

Antigen Information

Antigen Name and Type _____

Purification Method Used _____ Conjugate or Tag Used _____

Antigen Concentration _____ (1mg/mL is preferred; if you are not able to produce this concentration contact CDI Labs.)

of vials sent _____

Are there any health hazards associated with this antigen? Yes No

Hybridoma Growth and Maintenance

Preferred media Regular Serum Free Media

Type of serum desired _____ Antibiotic _____

Special Instructions _____

Cell Banking Instructions (optional)

You can choose to store some of your vials in Liquid nitrogen at CDI Labs. Annual storage fee:
\$ 15.00 vial/per year.

Do you want to store your cells at CDI Labs.? Yes No How many vials _____

Packaging

Final Packaging Yes
 Multiple aliquots _____ (aliquot size. Additional charges apply)

Shipping Method

UPS FEDEX Priority – US Postal Service
 Prepay and add to invoice (Additional charges apply) Account number _____

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I hereby understand and accepted that I have met all the requirements, instructions and conditions given by CDI Laboratories Inc. for their custom services. I will also provide a contact person for communication with CDI's staff to ensure timely information exchange.

Printed name _____ Signature _____ Date _____