



Project Form

Information Required to Initiate an Antibody Project:

1. Host Species (for immunization):
2. Number of Animals Required:
3. Immunogen Name:
4. Concentration of Immunogen:
5. List any other information about the immunogen which may help us (i.e., Buffer, Solubility, Storage, etc.):
6. Production Protocol:

Use CBI Standard Protocol: yes no

(Please Note - for the standard protocol used by Cocalico Biologicals, Inc., if you are doing your own assays, you must contact us with your assay results after the Day 56 Test Bleed so that we can discuss additional procedures. *Unless previous arrangements have been made, we will maintain the animals after the day 56 test bleed without scheduling additional procedures until we hear from you.*)

Please list the customized protocol you want followed:

7. Please list Special Procedures which may be required:

Conjugation: yes no

(List appropriate information such as, sequence, carrier required, if Cysteine is available and in which position, etc.):

ELISA Assay: yes no





Cocalico Biologicals, Inc.™

1683 KRAMER MILL ROAD, DENVER, PA 17517
TELEPHONE 717-336-1990
EMAIL customerservice@cocalicobiologicals.com

Adjuvant Preference: Freund's Adjuvant System TiterMax RIBI

Prescreening of Host Species for lowest background: yes no

Special Shipping Instructions:

Purchase Order Number or Credit Card Number:

(Please Note - We routinely invoice at the end of each month for work performed during that particular month. If using a credit card, please list expiration date

and name listed on card)

8. Investigator:

9. Your Shipping Address:

10. Your Telephone Number :

11. Your Fax Number:

12. Your Email Address:

13. Your Billing Address:

14. Billing Telephone Number:

15. Billing Fax Number:

16. Billing Contact:

17. Special Billing Instructions:

Please include a signed Assurance Statement (see below) with the Project Form

Thank You for Using Our Custom Antibody Production Services



Quietly Making a Difference™





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ASSURANCE STATEMENT

COCALICO BIOLOGICALS, INC. ANIMAL CARE AND USE COMMITTEE

STATEMENT TO ASSURE NO UNNECESSARY DUPLICATION

USDA AND NIH REQUIRE THAT THE PRINCIPAL INVESTIGATOR OF A PROJECT WHICH REQUIRES THE USE OF ANIMALS PROVIDE WRITTEN ASSURANCE THAT THE PROJECT DOES NOT UNNECESSARILY DUPLICATE PREVIOUS EXPERIMENTS.

PLEASE SIGN THIS ASSURANCE AND RETURN TO US AS SOON AS POSSIBLE (YOU MAY SUBMIT IT WITH THE ANTIBODY PROJECT FORM AND YOUR ANTIGEN). WE MUST HAVE THIS ASSURANCE ON FILE BEFORE WE MAY START THE PROJECT. THE ASSURANCE WILL BECOME PART OF THE PERMANENT PROJECT MASTER FILE.

INSTITUTION:

PRINCIPAL INVESTIGATOR:

SPECIES REQUIRED:

BRIEF DESCRIPTION OF PROJECT:

ASSURANCE:

AS PRINCIPAL INVESTIGATOR, I CONFIRM THAT THIS WORK DOES NOT UNNECESSARILY DUPLICATE PREVIOUS EXPERIMENTS.

SIGNATURE OF PRINCIPAL INVESTIGATOR

DATE

CBI IACUC Approved Form 132B

