

Protein Expression & Purification Service Quotation Request Form



Please fill out the following form and email the completed form to info@biosyn.com
A customer service representative will contact you within one business day.

REQUESTOR INFORMATION

Name:			
Email:			
Phone:		Fax:	
Organization:			
Shipping Address:			

PROTEIN EXPRESSION

Protein Name:			
Accession #:		Molecular Weight:	
Protein Sequence:			
Starting Material	<input type="checkbox"/> My template DNA (ready for subcloning) <input type="checkbox"/> My construct (expression ready) <input type="checkbox"/> Please synthesize gene for me		
Expression System	<input type="checkbox"/> Bacteria <input type="checkbox"/> <i>E. coli</i> <input type="checkbox"/> Other: <input type="checkbox"/> Yeast <input type="checkbox"/> Baculovirus/Insect <input type="checkbox"/> Mammalian cells Transient Transfection <input type="checkbox"/> HEK293 <input type="checkbox"/> Other: Stable Cell Line <input type="checkbox"/> CHO <input type="checkbox"/> HEK293 <input type="checkbox"/> Other:		
	Has the gene been expressed in a host previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide us your protocol and experience in a separate word file.		

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Expression Scale	mg	OR	liters	
Protein Characteristics	<input type="checkbox"/> Membrane Bound	<input type="checkbox"/> Toxic to <i>E. coli</i>	<input type="checkbox"/> Secreted	
	<input type="checkbox"/> Protease	<input type="checkbox"/> Enzyme	<input type="checkbox"/> Nuclear Protein	
	<input type="checkbox"/> Other (Please be specific):			
Protein Applications	<input type="checkbox"/> High-Throughput Screening	<input type="checkbox"/> Structure Study	<input type="checkbox"/> Activity Assay	
	<input type="checkbox"/> Antigen	<input type="checkbox"/> NMR	<input type="checkbox"/>	
	<input type="checkbox"/> Other:			
Protein Modification	<input type="checkbox"/> Stable Isotope Labeling	<input type="checkbox"/> ¹⁵ N	<input type="checkbox"/> ¹³ C	
	<input type="checkbox"/> PEGylation			
Comments:				

PROTEIN PURIFICATION

QC Requirements	Purity: %			
	Endotoxin limit: EU/mg	Concentration: mg/ml		
	<input type="checkbox"/> Standard Buffer (PBS pH 7.5)	<input type="checkbox"/> Other:		
Tag Selection	<input type="checkbox"/> No	<input type="checkbox"/> Yes, tag name:		
Tag Removal	<input type="checkbox"/> No	<input type="checkbox"/> Yes, cleavage enzyme:		
Refolding	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Protein QC/ Characterization	<input type="checkbox"/> SDS-PAGE	<input type="checkbox"/> Native-PAGE	<input type="checkbox"/> Coomassie Blue	
	<input type="checkbox"/> Silver Staining	<input type="checkbox"/> N-Terminal Sequence	<input type="checkbox"/> Mass Spec	
	<input type="checkbox"/> Western Blot	<input type="checkbox"/> ELISA	<input type="checkbox"/> Bioactivity Assay	
	<input type="checkbox"/> HPLC	<input type="checkbox"/> Endotoxin Test	<input type="checkbox"/> Concentration Determination	
Special Requirements:				
Comments:				
Purpose of Inquiry	<input type="checkbox"/> Pricing Estimation	<input type="checkbox"/> Quote for Order	<input type="checkbox"/> Grant Application	
Order Timeline	<input type="checkbox"/> Immediately	<input type="checkbox"/> 1 Month	<input type="checkbox"/> 3 Months	<input type="checkbox"/> Not Sure