

Delivery Address

Customer ID (if known) _____
Company/University _____
Department/Institute _____
Address _____

For the attention of _____
Tel.: _____
Fax: _____
e-mail: _____

Invoice Address (if different)

Internal Order Number _____
Company/University _____
Department/Institute _____
Address _____

For the attention of _____
Tel.: _____
Fax: _____
e-mail: _____

metabion

Gesellschaft für angewandte Biotechnologie mbH

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Fax: +49(0)89-899 363-11

e-mail: info@metabion.com
http://www.metabion.com

Polyclonal Antibodies Order Form

Antibody name: _____

Full service of Antibody production against the following peptide:

N-

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30

 -C

Peptide to carrier protein conjugation and Antibody production
- 10 mg of peptide are required
(peptide and data sheet enclosed)

Antibody production against customer antigen
- 1 mg of antigen is required
(antigen and data sheet enclosed)

