

Protein Expression and Purification Service Quote Request Form

Please answer all of the following questions and send back to info@pelobiotech.com. Our customer service representatives will contact you with a quote within two business days.

Customer Information

Name:	
<i>Email address:</i>	
Phone:	
Organization:	
Shipping address:	

Protein Expression

Target Protein	Protein name: Accession Number: Protein sequence: MW:
Starting Materials	<input type="checkbox"/> Gene synthesis <input type="checkbox"/> Your template DNA ready for subcloning <input type="checkbox"/> Your expression ready construct
Expression System	<input type="checkbox"/> Bacteria <input type="checkbox"/> <i>E.coli</i> <input type="checkbox"/> Other (<i>please specify</i>) <input type="checkbox"/> Yeast <input type="checkbox"/> Baculovirus/insect <input type="checkbox"/> Mammalian cells transient transfection <input type="checkbox"/> CHO <input type="checkbox"/> HEK293 <input type="checkbox"/> other (<i>please specify</i>) stable cell line <input type="checkbox"/> CHO <input type="checkbox"/> Other Have the gene been expressed in any host before? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide us your protocol and experience:
Expression Scale	Amount: mg Volume: liters
Protein Property	<input type="checkbox"/> Membrane-bound <input type="checkbox"/> toxic to <i>E.coli</i> <input type="checkbox"/> secreted <input type="checkbox"/> protease protein <input type="checkbox"/> enzyme <input type="checkbox"/> nuclei <input type="checkbox"/> Other specific properties



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Protein Applications	<input type="checkbox"/> High-throughput screen <input type="checkbox"/> Antigen <input type="checkbox"/> Activity assay <input type="checkbox"/> Others	<input type="checkbox"/> Structure study <input type="checkbox"/> NMR
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

Protein Requirement	Purity: % Endotoxin limit: Concentration: <input type="checkbox"/> Standard buffer: PBS pH 7.5 <input type="checkbox"/> Others (please specify)	
Tag Selection and Removal	Selection of tag <input type="checkbox"/> Yes (please specify the tag name) <input type="checkbox"/> No Removal of tag <input type="checkbox"/> Yes (please specify the cleavage enzyme) <input type="checkbox"/> No	
Refolding Requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Protein 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		

Inquiry Nature

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"/> Within one month <input type="checkbox"/> Within 3 months <input type="checkbox"/> Within 6 months <input type="checkbox"/> Not sure