# ANTIGEN DESCRIPTION

|  |
| --- |
| **Antigen Name:** |
| Recombinant Protein [ ]  Yes [ ]  No |
| Produced in [ ]  e.coli, [ ]  tissue culture (describe) [ ]  other (describe) |
| Amount \_\_\_\_\_\_\_\_ mg |  |
| Number of vials: \_\_\_\_\_\_\_ | Antigen Storage: [ ]  4oC [ ]  -20oC [ ]  -80°C | Antigen Size/Mol. Wt: \_\_\_\_\_ |
| [ ]  Liquid - Diluent: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount:\_\_\_\_\_\_\_\_\_ mg Concentration\_\_\_\_\_\_\_\_\_ mg/mLAmount per vial \_\_\_\_\_\_\_\_\_ml  | [ ]  DryAmount: \_\_\_\_\_\_\_\_ mg  | [ ]  Gel Amount: \_\_\_\_\_\_\_\_\_\_\_ mgConcentration: \_\_\_\_\_\_mg/mL |
| Is antigen conjugated to a carrier?  | [ ]  No  | [ ]  Yes *(identify carrier)* \_\_\_\_\_\_\_\_\_\_\_\_ |

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANTIGEN/PROTEIN/Ab SAFETY:** Approval is needed from Production or/and QC Manager prior to shipment of antigen with known hazards (any YES response in this section). It is the client's responsibility to fully disclose the nature of such materials, clearly identify them, and ship them in compliance with all applicable regulations and guidelines. In addition, the client retains liability for the toxic, or infectious agents supplied to perform the requested protocol.

Does antigen contain radioactive material? No/Yes *(describe)*

Is antigen known to be toxic? No/Yes *(describe)*

Is antigen from, or related to human, cow, goat, sheep or chicken derived material? No/Yes *(describe)*

Does antigen contain live bacteria, virus, fungus, or protozoan? No/Yes *(describe)*

Does antigen contain killed or inactivated bacteria, virus, fungus, or protozoan? No/Yes (*inactivation & validation method)*

Antigen biohazard classification: No Bio Hazard, BSL 1, BSL 2, BSL 3 or 4 not accepted