***E. coli* – Protein Service Quote Form**

*Please email the completed form to Sales@BiologicsCorp.com.*

**Customer Information**

|  |  |
| --- | --- |
| **Name** |       |
| **Organization** |       |
| **Mailing Address** |       |
| **Telephone** |       |
| **Institution Email** |       |

**Protein Information**

|  |  |
| --- | --- |
| **Protein Name** |       |
| **Original Species** |       |
| **Protein Sequence (or Accession No.)** |       |
| **Expression System** | ***Escherichia coli*** |
| **Gene** | [ ]  Gene synthesis with codon optimization **(highly recommended)**[ ]  Gene/plasmid from customer |
| **Amount** | [ ]  3-5 mg [ ]  5-10 mg [ ] 10-15 mg [ ]  Others (please specify):      |
| **Purity** | [ ]  85% (low-cost) [ ]  90% [ ]  95%  |
| **Endotoxin Removal** | [ ]  1 EU/ug [ ]  0.1 EU/ug [ ]  Others [ ] No |
| **Tag** | [ ]  His6 [ ]  GST [ ]  SUMO[ ]  MBP [ ]  Trx [ ]  Tag-free[ ]  Others (please specify):       |
| [ ]  N-terminal fusion [ ]  C-terminal fusion [ ]  No preference |

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| **Identification** | [ ]  SDS-PAGE & Western Blot [ ]  MALDI-TOF[ ]  MS  [ ]  N-terminal sequencing[ ]  Others (please specify):      *SDS-PAGE & Western Blot are FREE. The others will be with additional charge.**Western Blot is not available for tag-free proteins.* |
| **Other Comments** | *Please provide as much information as possible (previous experience and knowledge of the protein, references, and etc.). This will help us to respond promptly and quote accurately.*      |