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

*Please email the completed form to [Sales@BiologicsCorp.com](mailto: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.* |