

Custom Labeling Request Form

Please submit completed form by email to info@columbiabiosciences.com or by fax to 443-430-0407

For questions, please contact us at 443-430-0403 or 866-568-5772

Date	
Name	
Organization	
Address	
City, St, Zip	
Phone Number	
Email	
Timeframe	<input type="checkbox"/> <1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> >6 months
Type of order	<input type="checkbox"/> one-time <input type="checkbox"/> Recurring If recurring, is same lot required? <input type="checkbox"/> Yes <input type="checkbox"/> No Please indicate frequency:
Conjugation Requested	<input type="checkbox"/> APC <input type="checkbox"/> R-PE <input type="checkbox"/> B-PE <input type="checkbox"/> PerCP <input type="checkbox"/> FITC <input type="checkbox"/> Texas Red <input type="checkbox"/> AP <input type="checkbox"/> HRP <input type="checkbox"/> Biotin <input type="checkbox"/> Streptavidin <input type="checkbox"/> DyLight® _____ <input type="checkbox"/> Pacific® Dye _____ <input type="checkbox"/> AlexaFluor® _____ <input type="checkbox"/> KLH <input type="checkbox"/> BSA <input type="checkbox"/> Luminex® Beads
Material to be labeled	
Amount to be labeled	
Material supplied by customer	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please indicate source and cost of material to be labeled:
Requested delivery date	
Application for labeled material	<input type="checkbox"/> FACS/Flow Cytometry <input type="checkbox"/> Screening <input type="checkbox"/> ELISA <input type="checkbox"/> Luminex <input type="checkbox"/> Microscopy <input type="checkbox"/> FP
Final Buffer Requirements	
Vial Size needed	
Material Format	<input type="checkbox"/> Liquid <input type="checkbox"/> Lyophilized
Intended Use Questions	Do you plan, either now or in the future, to resell this product in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan, either now or in the future, to use this product to manufacture a product that you will sell or use in a commercial service? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you plan, either now or in the future, to use this product in a commercial service, either under contract to a third party or on a fee per test basis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments	