



PEPperMAP® Sample Submission Form

Please complete and return this form by email or as print-out along with your samples. For technical support and other assistance please contact us by email or phone.

Contact Data

Name: _____ Email: _____
Organization: _____
Address: _____
City, Zip Code: _____ Phone: _____

Sample Data

Please provide us with a minimum of 10 µg of your antibody or 15 µl of your serum sample.

Sample Name:*

Sample Specifications:*(Species, antibody, serum or plasma, clonality etc.)

Detection Tags:(HA, Flag, Biotin etc.)

Antigen:#

Accn. No.:

Concentration:

Volume:

Buffer and pH:

Known Issues:*(Stability, precipitation, avoid freeze / thaw cycles)

Sample is infectious:* No Yes Main pathogen:
Storage Temperature:* RT 4°C 20°C
Western Blot Activity: Yes No Unknown
Use of Material after Analysis:* Destroy after 6 months Return[§]

* Denotes a required information.

In case of a PEPperMAP® Substitution Scan, please enter the starting peptide.

§ The return of residual material may cause additional shipping costs that will be charged by BioCat.

Shipping Information

Carrier:
Tracking Number:
Shipping Date:

If available, please provide us with the shipping information before shipment for tracking. If dry ice is required for cooling, please add enough for around one week.

Shipping Address:

BioCat GmbH
Im Neuenheimer Feld 584
69120 Heidelberg
Germany