

CUSTOM PEPTIDE/ANTIBODY ORDER FORM

Please fax completed form to: **866-895-7857**
 or e-mail to: **customerservice@YenZym.com**

Ship to:

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Name:
Company/Institution:

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Phone: **Fax:**
E-mail:
P.O.#/CC# **expiration:**
CV#

Please fill out the information below **OR** fax/e-mail the quotation letter or Quotation No.() back to us

PEPTIDE* Name: _____ Provide own Peptide/Protein Preparation

N-term

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

C-term

21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

ANTIBODY **Species:** Rabbit (2) Other _____

Purification: Antigen-specific Affinity Purification

Other Services: _____

Notes: _____

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