



# Josman, LLC

An Antibody Production Company Since 1985

## ORDER FORM

Please submit the form via Email: [Inquiries@JosmanLLC.com](mailto:Inquiries@JosmanLLC.com)

|                         |             |
|-------------------------|-------------|
| Sponsor's Name:         | Date:       |
| Institution Name:       | P.O. No.:   |
| Email Address:          | Fax Number: |
| Telephone Number:       |             |
| Department or Lab name: |             |

|                  |
|------------------|
| Ship to Address: |
|                  |

|                  |
|------------------|
| Bill to Address: |
|                  |

|               |
|---------------|
| Immunogen ID: |
|---------------|

Species of Animals:  Rat  Mouse

Immunization Schedule to be used:  56 Day  77 Day Standard

Custom: (please attach)

Number of animals to be used:   
(We recommend 2 or 3 due to varying individual responses)

Sera shipping conditions: Dry Ice  Ice packs  Ambient (Add 0.02% NaN3)

Sera shipping schedule: End of project  Batches of two bleeds/animal  After each bleed

|   |
|---|
| Investigator's Statement of Assurance: This study does not unnecessarily duplicate any previous study: <b>Sponsor's Signature:</b> _____ <b>Date:</b> _____ |
|---|

### For Josman, LLC use only

IACUC/ACUP APPROVAL NO.:

ANIMAL ID/ BATCH NO:

JOSMAN STUDY NO:

START DATE:

Reviewer's Signature and Date:

Telephone: (707)226-2115

[Inquiries@JosmanLLC.com](mailto:Inquiries@JosmanLLC.com)

[www.JosmanLLC.com](http://www.JosmanLLC.com)