



Date/Time Received _____ Contact Name _____
 Company _____ Contact Phone & Email _____
 Customer # _____ Contact Location _____
 PO # _____ Principal Investigator _____
 Authorized Signature _____ Project Info _____

MHC Class-I Tetramer

MHC Class-I Allele: _____

Epitopic Peptide: _____

provided _____ mg (at least 5mg required)

needed*

Peptide sequence: _____

*(*If peptides are requested, additional charges will be applied.)*

Desired Labeling:

PE APC Q-dot655 Unlabeled

Instructions or Comments:

For Resource Use

Date/Time Started _____ Date/Time Completed _____

Circle One: Consortium (2) External (4) SCCA (5)

Charge Code	Description	UOM	Quantity
IMT__0501	Class 1 Monomer (0.1mg)	EA	
IMT__0502	Class 1 Monomer (1mg)	EA	
IMT__0503	Class 1 Tetramer	EA	
IMT__0504	Class 1 MCH Cloning Tetramer	EA	
IMT__0505	Peptide Purchase	SUM	