

IMMUNE MONITORING LAB TETRAMER WORK ORDER

Internal



Date/Time Received _____ Contact Name _____

Investigator _____ Contact Phone & Email _____

Project ID # _____ Contact Location _____

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 _____

Charge Code	Description	UOM	Quantity
IMT10501	Class 1 Monomer (0.1mg)	EA	
IMT10502	Class 1 Monomer (1mg)	EA	
IMT10503	Class 1 Tetramer	EA	
IMT10504	Class 1 MCH Cloning Tetramer	EA	
IMT10505	Peptide Purchase	SUM	