**Protein Expression & Purification Requirements Form**

***Please submit completed form to*** **GeneArtPMO@Thermofisher.com**

**Required fields for quote generation**

|  |
| --- |
| **Section 1: General Information** |
| **Organization:****Address:****Client Name:****Email:** |                      |

|  |
| --- |
| **Section 2: Expression Plasmid Construction** |
| **Starting Material:** | [ ]  Start with Gene Synthesis (recommended to optimize expression) |
| [ ]  Expression plasmid available at Thermo Fisher[ ]  Expression plasmid provided by Client  |
| *Note****:*** *If starting material will be provided by Client, please provide full sequence of expression construct.* |
|       |
| **Preferred Affinity Tag/:** | [ ]  6x His [ ]  10x His [ ]  Strep [ ]  No preference, please suggest [ ]  Other  |
| **Secretion Leader:** | [ ]  Please add artificial leader | [ ]  No preference, please suggest |
| **Comments:** |       |

|  |
| --- |
| **Section 3: Protein Sequence (Target & Target Properties)** |
| **Protein Name:** |       |
| **Accession # or Protein Sequence:** |       |
| **Comments** **(e.g. multimer/complex formation, …):** |       |

|  |
| --- |
| **Section 4: Service Requirements** |
| **Service(s) Desired:** | [ ]  Expression only | [ ]  Expression and Purification\*  |  |
|  | *\*Please note: Purification Services are restricted to non-membrane bound, non-nuclear proteins >10 kDa* |
| **Expression System Desired:** | [ ]  Baculovirus, Sf9 (Bac-to-Bac®) | [ ]  Expi™293  | [ ]  Expi™CHO | [ ]  No preference, please suggest |
|  |  |
| **Scale:** | [ ]  Pilot Scale (1L for Expi™293 or Sf9; 200mL for Expi™CHO) | [ ]  Other:       |
| **Desired Purity:** |       |
| **Desired Yield:** |       |
| **Desired Concentration:** |       |
| **Desired Endotoxin Limit:** |       |
| **Storage Buffer Composition:** | [ ]  No preference, please apply standard (PBS)  | [ ]  Other:       |
| **Aliquot Size:** | [ ]  No preference, please apply standard (2 mL aliquots)  | [ ]  Other:       |
| **Storage Temperature:** | [ ]  No preference, please apply standard (dry ice)  | [ ]  Other:       |
| **Comments:** |       |