

## Custom Protein Modification Request Form

Please submit completed form by email to [info@columbiabiosciences.com](mailto:info@columbiabiosciences.com) or by fax to 443-430-0407

For questions, please contact us at 443-430-0403 or 866-568-5772

Date	
Name	
Organization	
Address	
City, St, Zip	
Phone Number	
Email	
Time Frame	<input type="checkbox"/> <1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> >6 months
Type of order	<input type="checkbox"/> one-time <input type="checkbox"/> Recurring If Recurring, please indicate frequency:
Type of Modification Requested	<input type="checkbox"/> Acetylation <input type="checkbox"/> Succination <input type="checkbox"/> Pegylation <input type="checkbox"/> Activation by SMCC <input type="checkbox"/> Activation by SATA <input type="checkbox"/> Other, please describe:
Stability Information	Are there any specific requirements for the stability of your protein that need to be taken into account during modification? (i.e. ionic strength, pH, temperature)
Purification Scale	<input type="checkbox"/> 1-10 mg <input type="checkbox"/> 10-50 mg <input type="checkbox"/> 50-100 mg <input type="checkbox"/> 100-500 mg <input type="checkbox"/> 500+ mg
Requested delivery date	
Final Buffer Requirements	
Vial Size needed	
Material Format	<input type="checkbox"/> Liquid <input type="checkbox"/> Lyophilized
Additional Comments	