

ANTIBODY TESTING RESULTS

Standard Reporting Template

INSTRUCTIONS: Please complete this form in its entirety. **Providing only a reference publication will not be accepted.**

Date:

Laboratory Name:

Your Name:

Is testing ongoing such that you are waiting for future bleeds?: Yes No

Antibody Name:

Full Antigen Name:

Full Antigen Sequence (please include full amino acid sequence):

```
MSPILGYWKIKGLVQPTRLLEYLEEKYEEHLYERDEGDKWRNKKFELGL
EFPNLPYYIDGDVLTQSMAIIRYIADKHNMLGGCPKERAISMLEGAVL
DIRYGVSRIAYSKDFETLKVDFLSKLPEMLKMFEDRLCHKTYLNGDHVTH
PDFMLYDALDVVLYMDPMCLDAFPKLVCFKKRIEAIQIDKYLKSSKYIA
WPLQGWQATFGGGDHPPKSDLEVLVFGGGLGSMPSQRKSPDQKRPRRSLST
SKTAKSQCHSITSYFNSAPPKACSTCHKMVPYDLIRHLDSCANNNGV
GDDVQVEPAQAGLMSPTVPTSDLPSPLENVTPQKLSPPKRSLSISVQCGS
KLGIIQQQTSPYFKDALVSKDQNELPNQSVEIMPLGSLTSLKSRRYLNAKK
SLAKNEGLASQCPQTSPSTPGTSLTDNCPMEDKDEVLNSSQKENIYSCA
PLKEENASEQKVKNNKITGDESKASCGEALTPASAEHASILLSDDSTL
VSNTKSSPGDTLVKQESARRADVGLAEPLEV*
```

Antigen Species (Please indicate whether the antigen corresponds to the human/mouse/rat or other species):

Bleeds Tested In this Report (Please check ALL those that apply):

- 1 2 3 4 5 6 7

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SUCCESSFUL APPLICATIONS:

Instructions: Please check each box below and indicate clearly all the applications that each bleed was tested in and if it was successful

	Immunoblot		Immunoprecipitation		Immunofluorescence	
	Tested	Successful	Tested	Successful	Tested	Successful
Bleed #1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleed #7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEST Working Bleed:

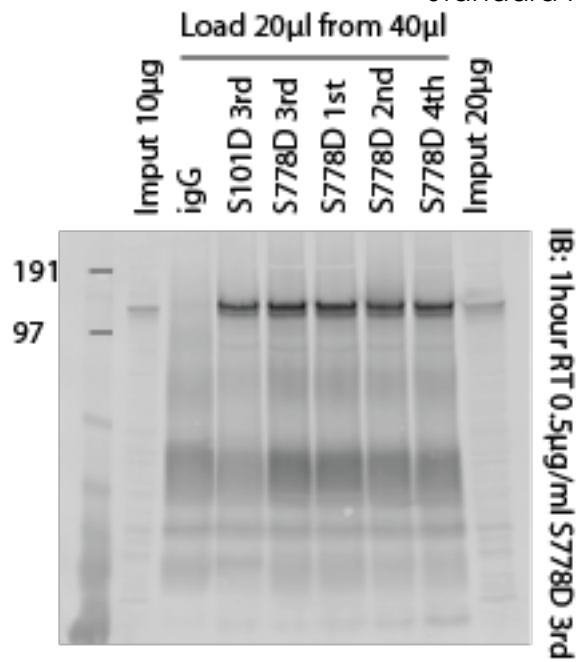
2 for IB all for IP

PUBLICATIONS: Please identify all publications to-date that include data supporting the successful use of the antibody

1. Name, et al, Year, Title, Journal
 - PMID (*mandatory*)
2. Name, et al. (*submitted*)

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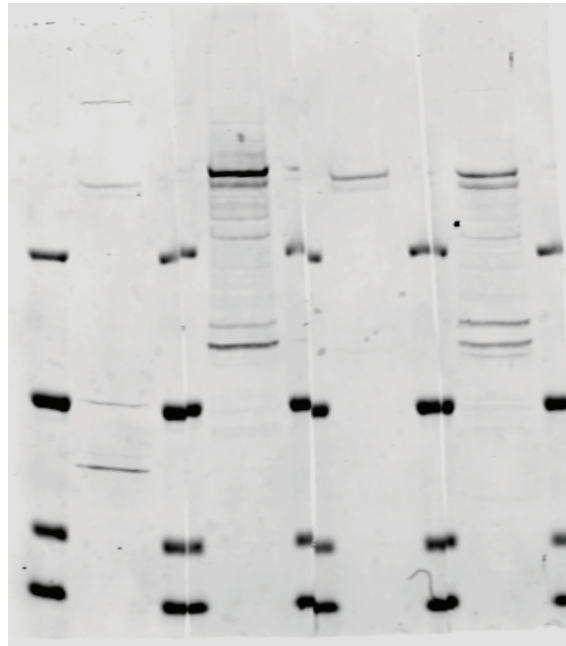


2mg Mefs WT extract/2 μ g ab 50 μ l dynabeads
1hour IP at 4C 4-12 MOPs

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S778D S778D S778D S101D
1st bleed 2nd bleed 3rd bleed 3rd bleed



Fan1

0.5 mg/ml O/N