

ANTIBODY ENGINEERING AND TECHNOLOGY CORE  
The School of Medicine



REQUEST FOR CRYOGENIC STORAGE

DATE:

RESEARCHER:

ADDRESS:

	CELL LINE(S):	SPECIES:	# of VIALS	BSL2
1.	_____			
2.	_____			
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PTAO# (to be charged):

CONTACT PHONE

If you would like more than one antibody produced, please complete one form for each cell line. You may return this form by electronic mail to [sea@virginia.edu](mailto:sea@virginia.edu) or [dta5e@virginia.edu](mailto:dta5e@virginia.edu) or [bb5en@virginia.edu](mailto:bb5en@virginia.edu) by fax (924-9461).