**Hybridoma Production Work Order**

**Submitted by:** **PI/Lab:**   **Date:**

**Phone:** **Email contact:**

*This work order covers:*

* *Immunizations with antigen provided by the PI (injections, bleeds, test ELISAs)*
* *Splenectomy for selected mice as directed by the PI (includes dispersal and frozen storage)*
* *Fusions of selected spleens as directed by the PI (includes fusion, ELISAs, scaleups and frozens).*
* *Note: Subcloning of selected positives, and large scaleups are covered by separate workorders*

**LAR protocol number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Antigen for injections** (name, volume, concentration):

**Number of mice to be injected** (typically 2 or 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adjuvant to be used:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Sigma Adjuvant System will be used by default, Freund's used by request but must be in the protocol)*

**Antigen for screening clone**s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional instructions:**

**PO and PO line number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Signature:**

 *(person signing above should have Signature Authority over Grant funding)*

**To be Filled Out by Hybridoma lab:**

Work done:

 Immunizations:

 Splenectomy:

 Fusions:

 Other: