



## CMP POLYCLONAL ANTIBODY PRODUCTION 2010 – 2011 APPLICATION FORM

### 1. INVESTIGATOR

- A. Research Investigator: \_\_\_\_\_  
B. Technical Assistant: \_\_\_\_\_  
C. Department: \_\_\_\_\_  
D. Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_
- E. Account To Be Charged: \_\_\_\_\_

### 2. ANIMAL MODEL (standard= female rabbit; sheep or goat of either sex, chickens- hens, mice or rats – females preferred)

- A. Species: \_\_\_\_\_  
B. Number (two rabbits per gram antigen is recommended): \_\_\_\_\_  
C. List specific requirements (age, sex, other): \_\_\_\_\_  
\_\_\_\_\_

### 3. ANTIGEN

**Please complete in coordination with Dr. Surya Waghela (VTPB) or one of the CMP veterinary staff.** Provision of the requested information will be used to analyze antibody responses to various sizes and classes of immunogens for future prediction of best immunization protocols for new, untried antigens.

- A. Name: \_\_\_\_\_
- B. Description/Function/Source: \_\_\_\_\_  
\_\_\_\_\_
- C. Is the antigen natural, recombinant\*, or synthetic?  
\_\_\_\_\_
- D. Is the antigen conjugated to a carrier? \_\_\_\_\_  
If so, identify the carrier: \_\_\_\_\_
- E. Molecular characteristics (e.g. size, class, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

F. Are you willing to supply us with antisera titers for our records? \_\_\_\_\_

G. Approximate concentration of antigen: \_\_\_\_\_

(Please give amount and units).

Total volume provided: \_\_\_\_\_

Will you provide us with the total amount of antigen for all immunizations, or prepare the antigen for each immunization and booster?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplied in:                saline,                lyophilized,                , other (please specify):

\_\_\_\_\_  
\_\_\_\_\_

H. Has the antigen been prepared using aseptic technique? \_\_\_\_\_

I. Approximate amount per immunization, per animal:

1. Primary immunization: \_\_\_\_\_ total per animal

2. Secondary immunization: \_\_\_\_\_ total per animal

3. Subsequent immunizations: \_\_\_\_\_ total per animal

J. Is the standard protocol (Titermax Gold) acceptable for the antibody production?

If Titermax Gold is not acceptable, please provide a protocol (must be approved on the AUP-please check for other approved regimens), adjuvant, and justification (Cost is not an acceptable justification):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

K. List any special protocol requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 4. BIOSAFETY PROCEDURES

A. Is the antigen viable?

YES        If yes, answer B-E.

NO         If no, answer D-E.

B. Can it replicate in humans, animals, plants, cell lines, etc. (list)?

\_\_\_\_\_

C. Is a protective vaccine available?

\_\_\_\_\_

D. List any potential hazards to humans or animals not yet mentioned, including aerosol exposure during inoculation:

\_\_\_\_\_

E. Have humans ever developed a titer to this agent or antigen?

\_\_\_\_\_

**5. The items listed below are commonly used to treat problems encountered with rabbits.  
(This section only pertains if you are using rabbits)**

**A.** Will any of the following effect your antigen?

Tetracycline (Antibiotic)	Yes	No
Enrofloxacin (Antibiotic) Baytril	Yes	No
Nystatin- Neomycin Sulfate- Thiostrepton-Triamcinolone (Triple Antibiotic w/steriod) Panalog	Yes	No
Ivermectin (Anti-parasitic)	Yes	No
Pyrethin (Insecticide) Ectiban-D	Yes	No
Furazolidone (Antibiotic) Furox	Yes	No

Other: Please list any other items that may affect the antigen.

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**B.** What temperature does your antigen need to be stored at?

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How long can it be kept?

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**C.** Is your antigen stable at room temperature?

How long? \_\_\_\_\_

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SIGNATURE OF PRINCIPAL INVESTIGATOR    DATE

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SIGNATURE OF CMP VETERINARY APPROVAL    DATE