

Date of request

### C2RT

# Protein Expression & Purification service Request Form



**MOT Project** 

Please fill out one form per protein and email to PF3PR@pasteur.fr

OGM accreditation n°

REQUESTOR								
Laboratory name			Head of project					
Main contact			Contact phone					
Email		I.P Unit code						
Institution								
Address								
					_			
PROTEIN INFORMATIO	ON							
Protein name			Мо	olecular weight	kDa			
Protein origin	Known protein activity							
Protein sequence					_			
(If yo	our protein conta	ins tags and/or linkel	r or any changes to the sequ	uence, please take them int	o consideration)			
PROTEIN APPLICATIO	N							
Activity assay	Antibody production		Structural studies	High-Troughput So	creening			
	Biochemical studies		Other					
Project collaboration	PTR	ANR	Other					



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PROTEIN PRODUCTIO	<b>DN</b>									
Starting Material	My construct (vector with cloned coding sequence)  My transformed cell / bacteria									
	Please advise me for vector and strain production									
Localisation of produced protein	Cytoplasmic		Periplasmic		Secreted Membrane		bound			
Expression system	E.coli		Baculovirus/insect		S2	Cells	СНО			
	HEK 293		Yeast		Other					
	Has the protein been expres		ressed previou	ssed previously?		No				
					Soluble	Insoluble				
Production Scale	Erlen		Fermentor		Wave Cell bag					
	Culture volume		(L) Othe		er volume	(L)				
PROTEIN PURIFICATION	DN									
Tag Selection	Yes	No	Tag (	names)						
Tag Removal	Yes	No	Cleav	Cleavage enz						
Endotoxin removal	Yes	No								
Refolding required	Yes	No								
Purified protein required	(mg)		Purifi	Purified protein concentration requi		on required	(mg/ml)			
Storage buffer					Storage Te	emperature	°C			

Other special requirements for purification

<sup>•</sup> Once this form is completed, send it to pf3pr@pasteur.fr. You will then need to make an appointment to discuss and finalize your request.



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#### Requirements for the biological material provided to PF3PR

- Identification: check the concordance between the name of the project and the Strain/Vector ID
- Amount of plasmid needed:
  - Transformation: 1.2 μg at 150 ng/μl
  - Transfection SF9: 10 μg (> 500ng/μl, sterile)
  - Transfection S2: 40 μg (> 500ng/μl, sterile)
  - o Expi or HEK: 1mg/l of culture (> 500ng/µl, endotoxin free, sterile)
  - o The plasmids will have been sequenced and the sequencing files sent to PF3PR.
  - o The theoretical sequence will also be provided with the tag(s).
- Bacterial strain: provide genotype, origin, full name of the strain, antibiotic(s) of resistance.
- Transformed bacterial strain: provide genotype, origin, full strain name, resistance antibiotic(s). The spread must be less than 48 hours.
- Eukaryotic cell lines: provide origin, complete identification, number of passages (<20), antibiotics, specific agents for culture, mycoplasma test.

#### Link to the C2RT Platforms Guidelines: Users and teams from C2RT and C2RA

https://research.pasteur.fr/wp-content/uploads/2019/01/research\_pasteur-enproduction-and-purification-of-recombinant-proteins-technological-platformfrplate-forme-technologique-production-et-purification-de-proteines-recombinantes-c2rt-c2ra-quidelines.pdf