



Institut Pasteur

PF3PR**C2RT**

Platform of Production and Purification of Recombinant Protein Production and Purification Order Form

To be completed and send to : PF3PR@pasteur.fr

(Please fill one form per protein)

Date of the request Protein name

OGM approval n° M.O.T. Project yes No

No application will be processed if the GMO approval number is not indicated or if an application for approval is not in progress (contact : ogm@pasteur.fr)

Customer information

Laboratory name Adress

Name of Project leader

Main contact E-mail Phone

Internal I.P request I.P Unit code identification

Project budget line number

Service required

Preferred host expression system

Other system

Culture request (cf.p2 and p3)

Protein purification requested (cf.p2 and p4)

Shake flasks culture Total volume (L) Other volume

Fermentor culture Volume Number of fermentor

Request to optimize protein production Type of protein

Protein to be produced as soluble form Other

Protein to be produced as insoluble form Protein refolding request

Downstream application Other application

Protein quantity required (mg)

Special remarks by the customer

Protein information

Protein name Protein origin

Group of risk of the original organism group 1 group 2 group 3

Molecular Weight (kDa)

Type of produced protein

Known cellular activity

Known Posttranslational modifications Nature

Number of Cystein Number of disulfide bonds

Fusion-tagged protein Yes No

Nature of the Tag Other Tag

Tag location Tag location

Antibodies against protein available Yes No

Please insert the full recombinant protein peptidic sequence (with the Tag-fusion in case of tagged protein)

Please describe the main goals of the scientific project

Information on expression Strain or Cell line expression, construct and vectors

Strain or cell Line	<input type="text"/>	Antibiotic strain/cell	<input type="text"/>	µg/ml	<input type="text"/>
Other strain/cell line	<input type="text"/>	Antibiotic strain/cell	<input type="text"/>	µg/ml	<input type="text"/>
Expression vector	<input type="text"/>	Antibiotic vector	<input type="text"/>	µg/ml	<input type="text"/>
Co-expression vector	<input type="text"/>	Antibiotic co-vector	<input type="text"/>	µg/ml	<input type="text"/>
Transformed strain or cell line available	Yes	No			
Vectors or cDNA available	Yes	No			
Synthetic gene	Codon optimized gene	Codon usage for	<input type="text"/>		
DNA construct sequenced	Yes	No	Vector or cDNA map available		

Information on culture process

Protocol of culture provided by customer	Protocol of culture to be established by the Platform			
Culture medium	<input type="text"/>	Medium supplement	<input type="text"/>	
Labelling medium	SeMeth	N ¹⁵	C ¹⁴	
Shake Flasks culture	Total volume (L)	<input type="text"/>		
Bioreactor culture	Volume	4L	16L	Other volume (L) <input type="text"/>
Temperature of growth	<input type="text"/>	Temperature of induction	<input type="text"/>	Optical Density of induction <input type="text"/>
Inductor	<input type="text"/>	Concentration (mM)	<input type="text"/>	Other inductor <input type="text"/> (mM) <input type="text"/>
Induction time	Hours <input type="text"/>	Days	<input type="text"/>	

Final culture product treatment

Storage	Room temperature	4°C	-20°C	-80°C
Pellet disruption	Other pellet treatment	<input type="text"/>		
Supernatant treatment	Description	<input type="text"/>		

Please insert any additional comments (features that may cause problem in expression or purification etc.)

Information on protein purification protocol

Protein name Protein quantity required (mg) Final concentration (mg/ml)

Affinity Tag-protein purification Yes No

Affinity Tag chromatography column

Tag protein removal requested Yes No Tag removal enzyme
Other

Ion exchange chromatography Yes No Ion exchange column

Size-exclusion chromatography Yes No Type of column

Endotoxin removal Yes No Protein refolding requested Yes No

Protocol of purification provided by customer Yes No

Protocol of refolding provided by customer Yes No

Column equilibration Buffer

Affinity chromatography Buffer

Size-exclusion chromatography Buffer

Dialysis /Storage Buffer

Purified protein storage condition (T°C) 4°C -20°C -80°C

Particular storage condition requested

Quality control of purified protein requested (I.P Service of quality control) Yes No

Customer comments on protein purification protocol

Please insert available bibliography on the protein or proteins of the same family /activity/structure etc.

- This form allows the Platform to ensure that we fully understand your needs and requirements for the requested service. If you wish, a CDA (Non-Disclosure Agreement) can be established before submitting this form.

- Upon receipt of this completed form, an estimate quotation including all the services requested will be sent to you. The estimate signed by the person in charge of the entity must be returned to us for the performance of this service. This quotation may be modified according to the difficulties encountered and new tests to be carried out.

- Additional information you would like to add