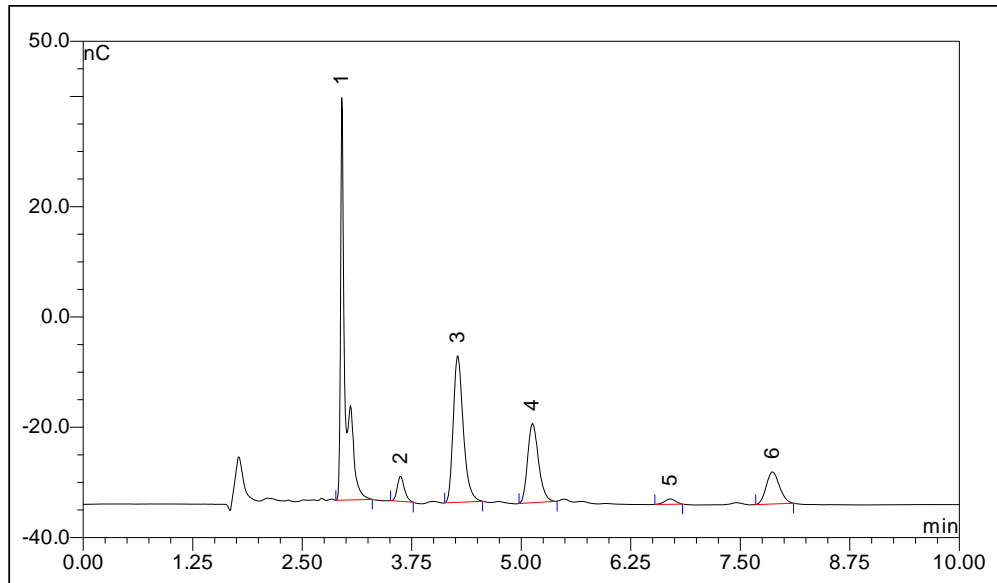


## Service Description

### Oligosaccharide Population Analysis

**Description** Identification of oligosaccharides present in an antibody sample. Includes sample preparation (i.e. N-glycan release, purification, and desalting).

**Method** High Performance Anion Exchange Chromatography with Pulsed Amperometric Detection (HPAEC-PAD).



\* Example of Oligosaccharide Analysis performed on antibody produced in CHO

**Info/ Reagents Required**

Customer will provide the following:

- ≥500ug antibody sample (in buffer, or lyophilized)
- Molecular weight & protein concentration in sample
- Buffer conditions of antibody sample (\*preferably PBS)
- Sample Submission Form

**Deliverables**

Eureka will deliver the following:

- Oligosaccharide Population Analysis Results

**Turnaround/ Pricing**

	Pricing	Turnaround Time
1 <sup>st</sup> Sample	\$1,500.00	2 weeks
Each Additional	\$900.00	

\* Quoted prices valid through June 2010

\* All prices quoted in \$USD and do not include shipping, handling, or packaging charges

\* Payment terms are Net 30 Days of invoice date

**Sample Submission Form**  
Oligosaccharide Population Analysis



<b>Samples &amp; Information</b>	<u>Sample #1</u>			
	Sample ID:		Lot/Batch #:	
	Concentration:		Buffer Conditions:	
	Volume:		Storage Guidelines:	
	Hazards:	<input type="checkbox"/> Toxic	<input type="checkbox"/> Reactive	<input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous
	Instructions:	<input type="checkbox"/> Discard	<input type="checkbox"/> Store	<input type="checkbox"/> Return to Customer <input type="checkbox"/> Other
	Additional Information:			
	<u>Sample #2</u>			
	Sample ID:		Lot/Batch #:	
	Concentration:		Buffer Conditions:*	
	Volume:		Storage Guidelines:	
	Hazards:	<input type="checkbox"/> Toxic	<input type="checkbox"/> Reactive	<input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous
	Instructions:	<input type="checkbox"/> Discard	<input type="checkbox"/> Store	<input type="checkbox"/> Return to Customer <input type="checkbox"/> Other
	Additional Information:			
	<u>Sample #3</u>			
Sample ID:		Lot/Batch #:		
Concentration:		Buffer Conditions:		
Volume:		Storage Guidelines:		
Hazards:	<input type="checkbox"/> Toxic	<input type="checkbox"/> Reactive	<input type="checkbox"/> Biohazard <input type="checkbox"/> Not Hazardous	
Instructions:	<input type="checkbox"/> Discard	<input type="checkbox"/> Store	<input type="checkbox"/> Return to Customer <input type="checkbox"/> Other	
Additional Information:				
<b>Billing Information</b>	Name:	_____	Phone:	_____
	Title:	_____	Fax:	_____
	Company:	_____	E-mail:	_____
	Address:	_____	PO #:	_____
		_____		
		_____		

**SUBMITTED BY:**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send samples to:

Eureka Therapeutics, Inc.  
5858 Horton Street, Suite 362  
Emeryville, CA 94608 USA

Contact us:

Phone: 510-645-7045  
Fax: 510-654-7077  
E-mail: admin@eurekainc.com