



## PRR SCREENING REQUEST FORM

**\*\* IMPORTANT: Experiments will be conducted based on this form. \*\***

**\*\* Please fill in detailed and accurate information. \*\***

**\*\* 重要 – 实验将根据此表格内容进行，请务必提供详尽及准确的资料 \*\***

Customer Name \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Phone # \_\_\_\_\_

[The above information is for the purpose of reporting. Please fill in full details.]

### TYPE OF SCREENING (Check all that apply):

Agonist                       Antagonist

### LEVEL OF SCREENING

#### *Level 1 screening (Single concentration)*

**PRRs to be tested (Check all that apply) – Please note minimum volume needed for each sample:**

**Human TLR panel** (TLR2, 3, 4, 5, 7, 8 & 9)

Minimum volume required: **600 µl - 1 ml of 10X stock**

**Mouse TLR panel** (TLR2, 3, 4, 5, 7, 8 & 9)

Minimum volume required: **600 µl - 1 ml of 10X stock**

#### **Additional PRR to be tested**

**Human NOD1 & NOD2**

Minimum volume required: **400 µl of 10X stock**

**Human Dectin 1a**

Minimum volume required: **300 µl of 10X stock**

**Mouse Dectin 1b**

Minimum volume required: **300 µl of 10X stock**

**Human Mincle**

Minimum volume required: **300 µl of 10X stock**

**Mouse NOD1 & NOD2**

Minimum volume required: **400 µl of 10X stock**

**Human Dectin 1b**

Minimum volume required: **300 µl of 10X stock**

**Mouse Dectin 2**

Minimum volume required: **300 µl of 10X stock**

**Mouse Mincle**

Minimum volume required: **300 µl of 10X stock**

(All the PRRs above employ HEK293 cells)

Dilution to be tested\* (i.e. 1/10, 1/20 etc.)†: \_\_\_\_\_

\*Note: The maximum concentration that can be tested is a **1/10 dilution** of the stock solution as 20 ul of sample will be added to a total volume of 200 ul of cells in a 96-well plate.

†Note: The maximum concentration of DMSO that can be tested is 0.5%, thus if samples are dissolved in 100% DMSO, the maximum concentration that can be tested is a **1/200 dilution** of the stock solution.

## **Level 2 screening** (Dose response)

**PRRs to be tested** (Check all that apply) – **Please note that volume required will depend on # of cell lines, # of dilutions and specific dilutions required:**

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Human TLR2   | <input type="checkbox"/> Human TLR3     | <input type="checkbox"/> Human TLR4     | <input type="checkbox"/> Human TLR5    |
| <input type="checkbox"/> Human TLR7   | <input type="checkbox"/> Human TLR8     | <input type="checkbox"/> Human TLR9     | <input type="checkbox"/> Human NOD1    |
| <input type="checkbox"/> Human NOD2   | <input type="checkbox"/> Human Dectin1a | <input type="checkbox"/> Human Dectin1b |  |
| <input type="checkbox"/> Mouse TLR2   | <input type="checkbox"/> Mouse TLR3     | <input type="checkbox"/> Mouse TLR4     | <input type="checkbox"/> Mouse TLR5    |
| <input type="checkbox"/> Mouse TLR7   | <input type="checkbox"/> Mouse TLR8     | <input type="checkbox"/> Mouse TLR9     | <input type="checkbox"/> Mouse TLR13   |
| <input type="checkbox"/> Mouse NOD1   | <input type="checkbox"/> Mouse NOD2     | <input type="checkbox"/> Mouse Dectin1b | <input type="checkbox"/> Mouse Dectin2 |
| <input type="checkbox"/> Mouse Mincle |   |   |  |

(All the PRRs above use HEK293 cells)

- Human TLR2 specificity (HEK-Blue hTLR2, HEK-Blue hTLR2-TLR1, HEK-Blue hTLR2-TLR6 & HEK-Blue hTLR2 KO-TLR1/6)
- Human STING (THP1-Dual & THP1-Dual KO-STING)
- Human RIG-I (A549-Dual & A549-Dual KO-RIG-I)
- Human RIG-I (HEK-Lucia Null & HEK-Lucia RIG-I)
- Human MDA5 (A549-Dual & A549-Dual KO-MDA5)

**# of concentrations to be tested:**

- 3     4     5     6     7     8     9     10

Please list the dilutions to be tested below\* (i.e. 1/10, 1/100 & 1/1000 etc.)†

## **Level 2 screening** (Custom designed)

(A)  Agonist                       Antagonist

(B)  Level 1 (Single concentration) Dilution to be tested\* (i.e. 1/10, 1/20 etc.)†: \_\_\_\_\_  
 Level 2 (Dose response)            # of concentrations to be tested : \_\_\_\_\_  
Dilution to be tested\* (i.e. 1/10, 1/20 etc.)†: \_\_\_\_\_

(C) PRR(s) of interest : \_\_\_\_\_

(D) Other specifics : \_\_\_\_\_

\*Note: The maximum concentration that can be tested is a **1/10 dilution** of the stock solution as 20 ul of sample will be added to a total volume of 200 ul of cells in a 96-well plate.

†Note: The maximum concentration of DMSO that can be tested is 0.5%, thus if samples are dissolved in 100% DMSO, the maximum concentration that can be tested is a 1/200 dilution of the stock solution.

# SAMPLES TO BE TESTED

Please list the samples to be tested below and indicate storage temperature for each sample (i.e. -20° C, 4° C or RT)\*.

*\*Note: InvivoGen cannot process any hazardous, toxic or potentially infectious samples. Please do not send any samples that may be hazardous, toxic or potentially infectious. Do not send samples containing live bacteria or virus.*

| Sample Name | Stock Concentration | Storage Temp. |
|-------------|---------------------|---------------|
|             |                     | °C            |
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|             |                     | °C            |

**Sample format**

- Solution [please fill in part A.]
- Dry [please fill in part B.]

- A. Freeze-thaw cycles allowed?**
- Yes
  - No (please aliquot each test article into 3 vials)

Method to mix  
 Pipetting  Vortex  Sonication

Storage condition after first thawing  
 Room temperature  4°C  -20°C  -80°C

- B. Buffer for resuspension:**
- 
- Provided by customer
  - Provided by InvivoGen

Resuspension treatments required in addition to mix by pipetting

- Vortex (time: \_\_\_\_\_)
- Sonication (time: \_\_\_\_\_)
- Incubation (temperature: \_\_\_\_\_ time: \_\_\_\_\_)
- Other \_\_\_\_\_

Freeze-thaw cycles allowed?  
 Yes  No

Storage condition after resuspension  
 Room temperature  4°C  -20°C  -80°C

# SAMPLE INFORMATION

Please list any other special instructions for sample preparation. If the samples need to be resuspended, please provide relevant information like MW, stock concentration, final concentration etc.

*# All experiments are performed in duplicate. Please indicate here if there is special request.*

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# DECLARATION

Herein I declare it is true for the sample(s) submitted to InvivoGen PRR Screening Service that

1. The samples are not hazardous, toxic or potentially infectious. InvivoGen will be provided with adequate information on biohazard related to the handling of the material.
2. The samples do not contain living organisms, viral, lethal, radioactive or otherwise dangerous material unless prior to InvivoGen's written consent.
3. The samples are safe to be processed in biosafety cabinet level 2.
4. The samples are not of human or primate origin.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Name )

(Organization )

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For Internal use

Inv # \_\_\_\_\_

S.D. \_\_\_\_\_ E.F.D. \_\_\_\_\_ F.D. \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

# 受託サービスの見積依頼の際に取得する個人情報の取扱いについて

ナカライテスク株式会社

ご提供いただく個人情報は以下の通り取扱います

## 1. 個人情報の取得と利用の目的

受託サービスの見積依頼の対応にのみに利用いたします。

## 2. 個人情報の提供、委託

法令の規定による場合を除いて、個人情報を本人の同意を得ずに第三者に開示、提供又は委託することはありません。

利用目的の範囲内で個人情報を第三者に委託する場合があります。委託する第三者は、個人情報の安全管理水準を満たしていることを確認した上で選定し、契約などにより適切な監督を行います。

## 3. 個人情報の管理

ご提供いただいた個人情報は対応記録として厳重に管理します。

## 4. 個人情報提供の任意性

受託サービスの見積依頼にあたって個人情報の提供は任意ですが、当社が必要として指定した情報をご提供いただけない場合、受託サービスの見積依頼に対応できない場合があります。

## 5. 個人情報の開示等

ご提供いただいた個人情報の利用目的の通知、開示、内容の訂正、追加、削除、利用の停止、消去又は提供の拒否（以下、「開示等」という）を希望される場合は、ご本人であることを確認させて頂いた上で、合理的な範囲内で対応いたします。

## 6. お問い合わせ先

ご提供いただいた個人情報の開示等、苦情・ご相談の請求は下記までご連絡下さい。

## 【個人情報相談窓口】

ナカライテスク株式会社

〒604-0855

京都市中京区二条通烏丸西入東玉屋町498

TEL:075-211-2516 (9:00~18:00 土日祝、当社休日(は除く))

個人情報保護管理者:総務部長

受付窓口:総務部

E-MAIL:privacy@nacalai.co.jp

## 【プライバシーポリシー】

<https://www.nacalai.co.jp/related/privacypolicy.html>