| **Antibody Recommendation Program** | ***(example request template)*** |
|---|---|
| **Submissions may be made to:** | |
| 1.) Your local Account Executive directly | |
| 2.) Emailed to sales@abcam.com | |
| 3.) Submitted online at www.abcam.com/AbRec | |

| **Contact details** | |
|---|---|
| **Name:** | |
| **Position:** | |
| **Organization:** | |
| **Email:** | |
| **Phone:** | |

| **Required conditions** (if applicable) | |
|---|---|
| **Host:** | |
| **Reactivity:** | |
| **Applications:** | |
| **Clonality:** | |
| | |

| **Additonal notes:** |
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| **Target requests** (if antibody): | **UniProt ID:** (if available) |
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| **Target requests** (if antibody): | **UniProt ID:** (if available) |
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