**Antibody Validation Report**

1. **Target Information**

|  |  |
| --- | --- |
| **Target name** |  |
| **HGNC ID** |  |
| **UniProt accession number**  **(reference multiple if applicable)** |  |

1. **Antibody Information**

|  |  |
| --- | --- |
| **RRID** |  |
| **Host** |  |
| **Isotype** |  |
| **Clonality** |  |
| **Vendor** |  |
| **Catalog number** |  |
| **Recombinant (Y/N)** |  |
| **Tissue preservation method** |  |
| **Organ or tissue used for validation** |  |
| **Organ Uberon ID** |  |
| **Antibody-based imaging method** |  |
| **Conjugate** |  |
| **Author ORCID** |  |
| **Vendor Affiliation** |  |

**Additional antibody information (optional)**

|  |  |
| --- | --- |
| **OMAP ID** |  |
| **Lot number** |  |
| **Antigen retrieval details** |  |
| **Manuscript citation DOI** |  |
| **Validation protocol DOI** |  |

1. **Exemplary Image from HuBMAP**

Caption:

1. **Validation Data**
   1. **Vendor Validation**

|  |  |
| --- | --- |
| **Data sheet URL** |  |
| **Date accessed** |  |
| **Vendor suggested use** |  |

* 1. **Laboratory Validation**

Controls used – check those that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Positive/negative control tissues** | **Isotype control** | **Peptide block** | **Phosphatase treatment** | **Cell line controls** | **Other (please list)** |
|  |  |  |  |  |  |

Other antibodies tested?

|  |  |  |
| --- | --- | --- |
| **Vendor and catalog number** | **Clonality** | **Backup clone or not recommended** |
|  |  |  |
|  |  |  |
|  |  |  |

**Supplemental Data:**