

QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A PEPTIDE

Please fill out this form as a prerequisite for planning and specifying the major steps of the respective project.

It will also be used as the basis for quotation and further discussion of project details.

All information provided including the client information at the end of this questionnaire will be treated strictly confidential. A nondisclosure agreement can be signed upon request.

1. ANTIGEN INFORMATION - PEPTIDE

Peptide has to be synthesized: Yes No

If yes, please answer the following questions:

Prediction of epitopes of the amino acid sequence requested? Yes No

Accession number of the protein: _____

If the peptide is (commercially) available, please specify the following information:

Sequence of the peptide: _____

Peptide is synthesized as: Amide Free acid

Requested purity (>95 % is recommended): _____

Is the protein available in buffer? Yes No

If yes, please answer the following questions:

Availability of the protein in buffer: Soluble Precipitated

Does the buffer contain a preservative? (BioGenes does not recommend the use of preservatives)

No Yes, please specify preservative: _____

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2. ANTIBODY DEVELOPMENT IN MOUSE

Should cross-reactivities be included?

Yes No I am not sure yet

If yes, please indicate kind of selection:

Positive Negative Cross-reactivity test for characterization only

Are cross-reactants (commercially) available? Yes No

Name:

Purity [%]:

Molecular weight [kDa]:

Cross-reactants are available in buffer Soluble Precipitated

Is further information about cross-reactants available (please provide)?

3. ANTIBODIES TO BE USED IN

Western Blot Yes No I am not sure yet

ELISA Yes No I am not sure yet

Immunohistochemistry Yes No I am not sure yet

Immunofluorescence assay (IFA) Yes No I am not sure yet

Immunoassay development Yes No I am not sure yet

Other, please specify:

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4. PREPARATION OF CELL CULTURE SUPERNATANT FOR TESTING

Should preservatives be added prior to cell culture supernatant shipment?

- Yes, please add the following: No
- NaN₃ ProClin 0.2 µm filtrated Not filtrated
- Thimerosal Other, please specify: _____

5. DO YOU REQUIRE FURTHER MAB-RELATED SERVICES FROM BIOGENES

Modification:

- Yes No

If yes, please specify: _____

Production:

- Yes No

Pair search (Capture/Detector):

- Yes No

Immunoassay development:

- Yes No

If yes, please specify type: _____

Storage of cryo cultures at BioGenes:

- Yes No
- With taking care Without taking care

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6. PLEASE PROVIDE ADDITIONAL INFORMATION ON:

Planned timelines

Payment planned directly or via a
purchasing platform (e.g. Scientist.com)

How did you find out about BioGenes?

Other information not previously covered

CLIENT INFORMATION

Company/Institution name:

Contact person:

Address:

Phone:

Email:

Date:
