



**Immunoassay (ELISA) development**

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 basic for quotation and further discussion of project details.

All information provided will be treated strictly confidential. A secrecy agreement can be signed.

CLIENT

Company name:

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Contact person:

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Address:

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phone:

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fax:

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email:

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date:

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## 1. PROJECT GOAL

### Determination of

In  buffer matrix  final assay matrix

Determination range

## 2. Assay type

Sandwich assay:

Competitive assay:

Other, please name

## 3. Antibodies

existing: yes  no

If no, development wanted? yes  no

If yes: monoclonal  polyclonal

Present amount:

Specificity:

Crossreactivity known: yes  no

If yes, what kind?

Exclude in this assay? yes  no

If yes, against what?

## 4. Antigen

available: yes  no

If yes, please specify

## 5. DETECTION SYSTEM

Which enzyme marker is wanted?

6. VALIDATION yes possibly no

7. PRODUCTION yes possibly no

If yes, in what amounts:

## 8. FUTURE PLANS

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## 9. COMMENTS: