

PRE-EXISTING HYBRIDOMA CELLS

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.

Please be aware that BioGenes is not able to accept requests for antibody production from any genetically modified cell lines (GMO)

1. CELL LINE INFORMATION

Please provide information about the type and the name of the cell line:						
☐ Murine hybr	ridoma	☐ Mixed specie	es hybridoma	☐ Human hybridoma		
☐ Parent myeloma ☐ O		☐ Other, please	e specify:			
Please enter name of cell line:						
Has the provided cell line been tested for the following contaminants?						
Mycoplasma spec.						
□ No	☐ Yes	Result:				
If yes, which assay system was used?						
Virus (please specify which virus types):						
□ No	☐ Yes	Result:				
If yes, which	assay system v	vas used?				
Further testing for biological activity and potential hazardous components:						



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2. ANTIBODY/ PRODUCT SPECIFICATION (PLEASE SPECIFY)					
Monoclona	ıl antibody (lg d	class, subclass)			
pH of best product stability:					
pl of product in solution:					
3. ANTIBODY TARGET INFORMATION					
Is antigen ((commercially)	available (prerequis	ite)?		
□ No	☐ Yes	If yes, specify form:			
Are test systems (commercially) available?					
□ No	☐ Yes	If yes, specify kind:			
4. CELL LINE CULTIVATION SPECIFICATION (PLEASE PROVIDE INFORMATION)					
Shipment as cryo culture (prerequisite: 3 vials from one batch)					
Average number of cells per vial:					
Composition of the freezing medium used:					
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Cell culture medium to be preferably used	
☐ Basal medium (please specify):	
☐ Serum added (please specify type and final concentration):	
☐ Serum-free medium (please specify type):	
☐ Other components included (please specify)	
Cell culture system currently used	
Flask, fermenter or other (please specify size)	
Final cell density for harvest [cells per mL]	
-	
5. PLEASE PROVIDE ADDITIONAL INFORMAT	TION ON:
5. PLEASE PROVIDE ADDITIONAL INFORMAT	TION ON:
	TION ON:
	TION ON:
Planned timelines Payment planned directly or via a	TION ON:
Planned timelines Payment planned directly or via a purchasing platform (e.g. Scientist.com)	TION ON:



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CLIENT INFORMATION	
Company/Institution name:	
Contact person:	
Address:	
Phone:	
Email:	
Date:	