

QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A HAPTEN

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 - HAPTEN

Name:

Purity [%]:

Molecular weight [kDa]:

Structure:

Free active group for conjugation to a protein carrier available?

No

Yes

If yes, please specify:

Is a modification of the hapten required to enable conjugation?

Yes

No

If yes, please specify:

Please note: The hapten has to be provided to BioGenes as a lyophilized molecule!

QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A HAPTEN

In the following, please provide **information about the buffer** that the hapten has been stored in prior to lyophilization:

Buffer name:

Buffer composition:

Additional salts (if added):

Please provide the following information about **the hapten**:

Amount of hapten:

Which buffer was used?

Lyophilized from which volume?

Are other commercial antibodies (polyclonal, monoclonal) against the hapten available?

If yes, please provide more information (specification, publication, other details):

QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A HAPTEN

2. ANTIBODY DEVELOPMENT IN MOUSE

Should cross-reactivity testing 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

QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A HAPTEN

**Immunofluorescence
assay (IFA)**

Yes

No

I am not sure yet

**Immunoassay
development**

Yes

No

I am not sure yet

Other, please specify:

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

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

QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A HAPTEN

Immunoassay development:

Yes

No

If yes, please specify type: _____

Storage of cryo cultures at BioGenes:

Yes

No

With taking care

Without taking care

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

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AGAINST A HAPTEN**

CLIENT INFORMATION

Company/Institution name:

Contact person:

Address:

Phone:

Email:

Date:
