



## **Monoclonal antibody 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. ANTIGEN

## 1.1. Protein – Name/function/type

recombinantly expressed  isolated of natural source

if recombinant please specify Source to be specified

species of origin

molecular weight

Purity

Concentration and total amount

Homology to mouse yes  %

Provided in buffer  lyophilised

Buffer content

**1.2. Peptide** is there  needs to be synthesised

epitope suggestion wanted? Yes  no

Amount

purity (documentation available?)

## 1.3. Hapten

Name

Purity and amount available

Structure

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#### 1.4. Other

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Name

---

purity

---

amount and concentration available

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Structure

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#### 2. ANTIBODIES

generate against

native antigen

denatured antigen

exclude crossreactivity?

yes

no

if yes, against what

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cross reactant provided?

yes

no

#### 3. ANTIBODIES TO BE USED IN

westernblot

yes

no

immunoassay

yes

no

immunohistochemistry

yes

no

Immunofluorescence assay (IFA)

yes

no

other

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