

## Questionnaire – Polyclonal Antibody Development against an Antibody

*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 - Antibody

Name: \_\_\_\_\_

Isotype, and subclass: \_\_\_\_\_

Antibody is available as:

Whole molecule F(ab')<sub>2</sub>-Fragment

Fab-Fragment scFv/Fv-Fragment

Fragmentation requested?

Fab-Fragment F(ab')<sub>2</sub>-Fragment

No I am not sure yet, please provide advice.

The antibody or functional parts thereof are derived from which host species:

Human Other, please specify: \_\_\_\_\_

Other modification of the antibody:

Humanized Chimeric, please specify: \_\_\_\_\_

Antibody-drug-conjugate

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### Antibody-Drug-Conjugate Information (if applicable)

Please specify the structure of the conjugate (hapten), including the linker, or specify the group that is used for conjugation to the antibody, respectively:

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Please enter additional information on structure or characterization of the drug substance if available:

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Is the drug substance/the antigen a cell toxin?

No                      Yes, please specify: \_\_\_\_\_

Is the antibody, or the antibody-drug-conjugate 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

Immunization protocol for:

Rabbit (recommended)

Goat

Immunization with:

Whole molecule

F(ab')<sub>2</sub>-Fragment

Fab-Fragment

scFv/Fv-Fragment

Is an affinity purification requested?

Yes

No, please ship antiserum only

Required amount of purified polyclonal anti-idiotypic antibodies  
(Please specify estimated quantity [mg])

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Required amount of unpurified polyclonal antiserum  
(Please specify estimated quantity [ml])

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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

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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)?

\_\_\_\_\_

Is the identification of monoclonal anti-idiotypic antibodies, which recognize the antibody binding site, requested? (Competitive ELISA with original antigen)

Yes

No

Are there antibodies against the selected antigen commercially available?

\_\_\_\_\_

### 3. Preparation of polyclonal anti-idiotypic antibodies or antiserum

Should preservatives be added prior to polyclonal anti-idiotypic antibody or antiserum shipment?

No

Yes, please add the following:

NaN<sub>3</sub>

0.2 µm filtrated

ProClin

Not filtrated

Other, please specify: \_\_\_\_\_

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### 4. 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: \_\_\_\_\_