

Questionnaire – Monoclonal Antibody Development against a Protein

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 - Protein

Protein name: _____

Protein family: _____

Protein function: _____

Origin of protein:

Bacterium

Virus

Plant

Animal

Other, please specify: _____

Please specify species information: _____

Biosafety level: **1** **2**

If > BSL1, please provide a proper risk assessment.

If the antigen is a genetically modified organism, please specify:

Expression system, or source of protein:

Protein extract

Recombinant expression system

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In case of protein extract, from which tissue was the protein isolated:

Intracellular Extracellular Membrane Serum

Other source of expression, please specify: _____

In case of recombinantly expressed, is the construct designed as a fusion protein?

Yes No

If yes, which tag has been used as fusion partner:

His-Tag, please add sequence of the tag: _____

GST-Tag, please add sequence of the tag: _____

Other, please specify tag sequence and provide molecular weight [kDa]: _____

The tag has been added as: N-terminal fusion C-terminal fusion

Estimated molecular weight of the total antigen protein [kDa]: _____

Purity [%]: _____

Protein condition: Native Denatured

Is the protein 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: _____

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Homology to mouse:	Yes	No
If yes, please indicate the degree of homology:	<70%	>70%
Known toxicity of antigen:	Yes	No

2. Antibody Development in Mouse

Should cross-reactivity testing be included?

Yes No I am not sure yet

If yes, please indicate the 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

Biosafety level: **1** **2**

If the cross-reactant is a genetically modified organism, please specify:

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For BSL2 (biosafety level 2 according to Biological Agents Ordinance https://www.gesetze-im-internet.de/englisch_biostoffv/englisch_biostoffv.pdf please provide risk analysis.

If samples submitted are GMO, please attach Formblatt Z or relevant documentation. The final risk assessment and security level for GMO organisms will be finalized by Biogenes in accordance with the German law since regional differences may occur. (Genetic Engineering Safety Ordinance – GenTSV) <https://www.bmlh.de/SharedDocs/Gesetzestexte/EN/GenTSV-E-en.html>

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
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?

No Yes, please add the following:

NaN3 0.2 µm filtrated ProClin Not filtrated

Other, please specify: _____

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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: _____

Client Information:

Company/Institution name: _____

Contact person: _____

Address: _____

Phone: _____

Email: _____

Date: _____