

## Questionnaire – Monoclonal 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 advise.

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/hapten of the antibody-drug-conjugate available as a drug-conjugate with another protein, such as BSA?

Yes

No

Please specify: \_\_\_\_\_

Is the drug substance/the antigen a cell toxin?

No

Yes, please specify: \_\_\_\_\_

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

For BSL2 (biosafety level 2 according to Biological Agents Ordinance [https://www.gesetze-im-internet.de/englisch\\_biostoffv/englisch\\_biostoffv.pdf](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.bmleh.de/SharedDocs/Gesetzestexte/EN/GenTSV-E-en.html>

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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: \_\_\_\_\_

## 2. Antibody Development

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

Is further information about cross-reactants available (please provide)?

\_\_\_\_\_

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### 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: \_\_\_\_\_