

ANTIBODIES

QUESTIONNAIRE - DEVELOPMENT OF HCP ELISA/ANTI-HCP

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. INFORMATION ABOUT ASSAY PURPOSE

| BioGenes? Please select: | t? / Wnich ELISA type do Wish | i to be developed by | | |
|---|-------------------------------|----------------------|--|--|
| ☐ Process-specific ELISA | ☐ Platform ELISA | | | |
| ☐ Other, please specify: | | | | |
| What would be the estimated amount of antibody and/or number of ELISA 96-well plates required for the average lifetime of your drug product (10-15 years)? Please estimate: | | | | |
| 2. INFORMATION ON CELL LINE AND PRODUCTION PROCESS Cell line (or strain) used for drug manufacturing: | | | | |
| Do you have/ plan for further drug products to be produced by the same cell line/ strain? | | | | |
| ☐ Yes | □ No | | | |
| | | | | |
| The drug substance is/ will be gained from the following source: | | | | |
| ☐ Cell lysate | ☐ Cell culture supernatant | ☐ Inclusion bodies | | |
| | | | | |



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| What is the current phase of clinical trials of the drug product development? | | | | |
|--|---|--|--|--|
| What is the current status of the process development? | | | | |
| Is there an HCP ELISA for testing of impurities already in place for this process? | | | | |
| □ No □ Ye | es If yes, what kind of assay? | | | |
| | | | | |
| 3. DRUG PRODUCT INFORMATION | | | | |
| What kind of drug substance is to be detected? (Please specify): | | | | |
| Molecular weight of drug substance: | | | | |
| Drug product buffer: | | | | |
| Further information: | | | | |
| | | | | |
| 4. ASSAY DEVELOPMENT | | | | |
| 4.1 (MOCK) HCP MATERIAL CHARACTERISTICS | | | | |
| Is the Mock HCP-material already available? | | | | |
| ☐ Yes | □ No | | | |
| The HCP-material (antigen) is gained from: | | | | |
| ☐ Cell lysate | ☐ Cell culture supernatant ☐ Capture eluate | | | |
| ☐ Other, please speci | fy: | | | |



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| Quantity of the provided HCP-material (antigen) [mg]: | | | | |
|--|--------|-------------------|--|--|
| Concentration of the provided HCP-material (antigen): | | | | |
| Buffer composition (please specify): | | | | |
| | | | | |
| | | | | |
| 4.2 ASSAY CHARACTERISTICS | | | | |
| Should BioGenes perform cross-reactivity testing against the drug substance? | | | | |
| ☐ Yes | □ No | | | |
| | | | | |
| What kind of assay development services should be performed by BioGenes? | | | | |
| ☐ Complete HCP ELISA development including pre-validation | | | | |
| ☐ HCP ELISA development without pre-validation | | | | |
| ☐ HCP-specific antibody production only | | | | |
| ☐ Production of ready-to-use kits | | | | |
| ☐ Other services related to HCP analysis, please specify: | | | | |
| | | | | |
| | | | | |
| Which animal species is preferred for antibody generation? | | | | |
| ☐ Rabbit | ☐ Goat | ☐ Not decided yet | | |



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5. PLEASE PROVIDE ADDITIONAL INFORMATION ON:

| Planned timelines | |
|--|--------|
| | |
| Payment planned directly or via a purchasing platform (e.g. Scientist.co | m) |
| How did you find out about BioGenes | s? |
| Other information not previously cove | ered |
| | |
| | |
| CLIENT INFORMATION | |
| Company/Institution name: | |
| Contact person: | |
| Address: | |
| | |
| | |
| Phone: | |
| Email: | |
| <u>-</u> | |
| Date: | |
| | |