

Questionnaire – 2D Coverage Analysis

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 the purpose of the analysis

What is your specific request? The 2D analysis of HCP coverage requested from BioGenes should be performed using (please select):

2D Western Blot

Immunoaffinity Chromatography (IAC) and subsequent 2D DIGE analysis

2. HCP coverage analysis information

2.1 2D analysis of HCP coverage using BioGenes' generic |360-HCP antibodies or an alternative generic HCP-antibody

E. coli 360 HCP ELISA		CHO 360 HCP ELISA		HEK293 360 HCP ELISA
Type A 2G	Type C	Type A	Type B	Type SN
Type D 2G	Type E	Type C	Type D	Type CL
all of the above		all of the above		all of the above
alternative HCP-antibody				

2.2 Alternative HCP-antibody

Which alternative HCP-antibody? Please specify: _____

What is the origin of the antibody (species)? Please specify: _____

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The specific HCP-antibody will be provided as:

Affinity purified

Total IgG

Concentration of the provided HCP-antibody [$\mu\text{g/ml}$]: _____

HCP-antibody buffer composition (please specify): _____

3. Sample Information

3.1 Sample characteristics

Samples originate from the following host species:

E.coli

CHO

Other, please specify: _____

Number of samples to be analyzed: _____

Sample character:

Cellular lysate

Cell culture supernatant

Other

Estimated protein concentration and method of determination (please specify):

Buffer composition (please specify): _____

Samples represent:

Mock fermentation

Process sample with drug substance

What is the nature of the drug substance?

Recombinant protein

Humanized antibody

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: _____