

## 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 PURPOSE OF 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

##### BioGenes E. coli|360 HCP-Antibody

- Type C                       Type E
- all of the above
- alternative HCP-antibody (please specify):
- Manufacturer \_\_\_\_\_
- Product Name \_\_\_\_\_

##### BioGenes CHO|360 HCP-Antibody

- Type A                       Type B
- Type C                       Type D
- all of the above
- alternative HCP-antibody (please specify):
- Manufacturer \_\_\_\_\_
- Product Name \_\_\_\_\_

The alternative generic HCP-antibody will be provided by:

- BioGenes                       Customer                       Not yet sure

In case BioGenes should supply the alternative generic HCP-antibody, please specify your preferred vendor:

\_\_\_\_\_

## QUESTIONNAIRE – 2D COVERAGE ANALYSIS

### 2.2 2D ANALYSIS OF HCP COVERAGE USING A SPECIFIC HCP-ANTIBODY

Which specific antibody? Please specify: \_\_\_\_\_

What is the origin of antibody (species)?  
Please Specify: \_\_\_\_\_

**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

**Sample originates 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):**  
\_\_\_\_\_

## QUESTIONNAIRE – 2D COVERAGE ANALYSIS

### Sample represents:

- Mock fermentation  Process sample with drug substance

### What is the nature of the drug substance (please specify)?

- Recombinant protein  Humanized antibody  
 Other, please specify: \_\_\_\_\_

### 3.2 ANTI-DRUG ANTIBODY CHARACTERISTICS

#### Are you able to provide a drug substance-specific antibody (anti-drug antibody)?

- No  Yes If yes, the antibody origin is (species): \_\_\_\_\_

#### The anti-drug antibody will be provided as:

- Affinity purified  Total IgG  
 Monoclonal antibody  Polyclonal antibody

Concentration of the provided anti-drug antibody [ $\mu\text{g/ml}$ ]: \_\_\_\_\_

Working concentration/ dilution factor of the anti-drug antibody in Western Blot: \_\_\_\_\_

## QUESTIONNAIRE – 2D COVERAGE ANALYSIS

### 4. PLEASE PROVIDE ADDITIONAL INFORMATION ON:

Planned timelines

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Payment planned directly or via a purchasing platform (e.g. Scientist.com)

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How did you find out about BioGenes?

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Other information not previously covered

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### CLIENT INFORMATION

Company/Institution name:

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Contact person:

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Address:

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Phone:

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Email:

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Date:

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