

## Questionnaire – Monoclonal Antibody Development against a Hapten

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 - Hapten

Name: \_\_\_\_\_

Purity [%]: \_\_\_\_\_

Molecular weight [kDa]: \_\_\_\_\_

Structure: \_\_\_\_\_

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Free active group for conjugation to a protein carrier available?

No                      Yes                      If yes , please specify: \_\_\_\_\_

Is a modification of the hapten required to enable conjugation?

No                      Yes

If yes, please specify: \_\_\_\_\_

Please note: the hapten must be provided to BioGenes as a lyophilized molecule!

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In the following, please provide information about the buffer that the hapten has been stored in prior to lyophilization:

Buffer name: \_\_\_\_\_

Buffer composition: \_\_\_\_\_

Additional salts (if added): \_\_\_\_\_

Please provide the following information about the hapten:

Amount of hapten: \_\_\_\_\_

Which buffer was used? \_\_\_\_\_

Lyophilized from which volume? \_\_\_\_\_

Are other commercial antibodies (polyclonal, monoclonal) against the hapten available?

If yes, please provide more information (specification, publication, other details):

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### 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

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

\_\_\_\_\_

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

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