

## 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:**

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**Isotype and subclass:**

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**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 advice.

**The antibody or functional parts thereof are derived from which host species:**

Human

Other, please specify:

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**Other modification of the antibody:**

Humanized

Chimeric (please specify)

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Antibody-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 substance/ the antigen a cell toxin?

No  Yes, please specify:

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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:

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## 2. ANTIBODY DEVELOPMENT

Should cross-reactivity testing be included?

Yes  No  I am not sure yet

If yes, please indicate kind of selection:

Positive  Negative  Cross-reactivity test for characterization only

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**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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**Is the identification of monoclonal anti-idiotypic antibodies, which recognize the antibody binding site, requested? (Competitive ELISA with original antigen)**

Yes

No

**Are there antibodies against the selected antigen commercially available?**

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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:** \_\_\_\_\_

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### 4. PREPARATION OF CELL CULTURE SUPERNATANT FOR TESTING

Should preservatives be added prior to cell culture supernatant shipment?

- Yes, please add the following:  No
- NaN<sub>3</sub>       ProClin       0.2 µm filtrated       Not filtrated
- Other, please specify: \_\_\_\_\_

### 5. DO YOU REQUIRE FURTHER MAB-RELATED SERVICES FROM BIOGENES

**Modification:**

- Yes       No

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

**Production:**

- Yes       No

**Pair search (Capture/Detector):**

- Yes       No

**Immunoassay development:**

- Yes       No

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

**Storage of cryo cultures at BioGenes:**

- Yes       No
- With taking care       Without taking care

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### 6. 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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