

QUESTIONNAIRE – 2D DIGE 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? Please specify:

2. SAMPLE INFORMATION

Samples originate from the following host species:

E. coli CHO Other, please specify: _____

Number of samples: _____

Number of pairwise comparison: _____

Sample character:

Cellular lysate Cell culture supernatant Purified protein solution

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

Buffer composition (please specify):

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Samples represent:

- Mock fermentation Process sample with drug substance

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

- Recombinant protein Humanized antibody
 Other, please specify: _____

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: _____

3. REQUIRED LEVEL OF 2D DIGE ANALYSIS:

- Qualitative electronic evaluation of data (determination of match rate)
 Qualitative electronic evaluation of data (determination of reduction rate)
 Quantitative electronic evaluation of data (analysis of expression of single HCP spots)
 Qualitative and quantitative electronic evaluation of data

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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:
