

## QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A PROTEIN

*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 - PROTEIN

**Protein name:** \_\_\_\_\_

**Protein family:** \_\_\_\_\_

**Protein function:** \_\_\_\_\_

**Origin of protein:**

Bacterium       Virus       Plant       Animal

Other, please specify: \_\_\_\_\_

**Please specify species information:** \_\_\_\_\_

**Expression system, or source of protein:**

Protein extract       Recombinant expression system

**If protein extract, from which tissue was the protein isolated:**

Intracellular       Extracellular       Membrane       Serum

Other source of expression. Please specify: \_\_\_\_\_

**If recombinantly expressed, is the protein a fusion protein?**

Yes       No

# QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A PROTEIN

**If yes, which tag has been used as fusion partner:**

His-Tag. Please add sequence of the tag: \_\_\_\_\_

GST-Tag. Please add sequence of the tag: \_\_\_\_\_

Other. Please specify tag sequence and provide molecular weight (in kDa): \_\_\_\_\_

**Please provide molecular weight of the antigen protein (in kDa):** \_\_\_\_\_

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

**Protein condition:**

Native

Denatured

**Is the peptide available in buffer?**

Yes

No

**If yes, please answer the following questions:**

Soluble

Precipitated

**Does the buffer contain a preservative?** (BioGenes doesn't recommend the use of preservatives)

No

Yes. Please specify preservative: \_\_\_\_\_

**Homology to mouse:**

Yes

No

**If yes, please indicate degree of homology:**

< 70%

> 70%

**Known toxicity of antigen:**

Yes

No

## 2. ANTIBODY DEVELOPMENT IN MOUSE

**Should cross reactivities be included or excluded?**

Yes

No

I am not sure yet

**If yes, please indicate kind of selection:**

Positive

Negative

Cross-reactivity test for characterisation only

# QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A PROTEIN

**Are cross reactants (commercially) available?**

Yes

No

**Are further information about cross reactant available?**

Yes

No

Please provide name if applicable:

---

### 3. ANTIBODIES TO BE USED IN

**Westernblot**  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:

---

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

**Do you wish us to add a preservative to cell culture supernatant before shipment?**

Yes, please add the following:

No

NaN<sub>3</sub>

ProClin

Other, please specify:

---

0.2 µm filtrated

Not filtrated

# QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A PROTEIN

## 5. DO YOU HAVE FUTURE PLANS WITH MABS AT 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 type:

---

### Storage of cryo cultures at BioGenes:

Yes  No

If yes, please specify:

With taking care  Without taking care

## 6. ADDITIONAL INFORMATION

---

# QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A PROTEIN

## CLIENT INFORMATION

Company/Institution name:

---

---

Contact person:

---

---

Address:

---

---

---

---

---

---

---

---

Phone:

---

---

Email:

---

---

Date:

---

---

## PLEASE SHARE SOME MORE INFORMATION ABOUT:

Planned timelines

---

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

---

How did you find BioGenes?

---

---