

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

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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

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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

NaN₃

ProClin

Other, please specify:

0.2 µm filtrated

Not filtrated

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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

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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?
