

QUESTIONNAIRE – MONOCLONAL ANTIBODY DEVELOPMENT AGAINST A PEPTIDE

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 - PEPTIDE

Peptide has to be synthesised: Yes No

If yes, please answer the following questions:

Prediction of epitopes of the amino acid sequence requested? Yes No

Accession number of the protein: _____

If peptide is available, please specify the following information

Sequence of the peptide: _____

Peptide is synthesized as: Amide Free acid

Requested purity (>95 % is recommended): _____

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: _____

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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

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?