

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:

Isotype, and subclass:

Antibody is available as:

Whole molecule

F(ab')₂-Fragment

Fab-Fragment

scFv/Fv-Fragment

Fragmentation requested?

Fab-Fragment

F(ab')₂-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:

Modification of the antibody:

Humanized

Chimeric (please specify)

Antibody-conjugate

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AGAINST AN ANTIBODY

Please specify the structure of the conjugate (hapten), including the linker, or specify the group that is used for conjugation to the antibody, respectively:

Please enter additional information on structure or characterization of the drug substance if available:

Is the drug substance/ the antigen a cell toxin?

No Yes. Please specify:

Is the antibody, or the antibody-conjugate available in buffer?

Yes No

Soluble Precipitated

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

No Yes. Please specify preservative:

2. ANTIBODY DEVELOPMENT

2.1 CROSS-REACTIVITIES

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-reactants available?

Yes No

Please provide name if applicable:

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2.2 CHARACTERIZATION OF MONOCLONAL ANTIBODIES

Identification of monoclonal anti-idiotypic antibodies recognizing the antibody binding site requested? (Competitive ELISA with original antigen)

Yes No

Are there antibodies against the selected antigen commercially available?

3. ANTIBODIES TO BE USED IN

Westernblot	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure yet
ELISA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure yet
Immunohistochemistry	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure yet
Immunofluorescence assay (IFA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure yet
Immunoassay development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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: _____

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?
