

QUESTIONNAIRE – 2D COVERAGE 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 PURPOSE OF ANALYSIS

What is your specific request? / What is the purpose of the analysis? Please select:

1.1 2D ANALYSIS HCP COVERAGE DETERMINATION

- by 2D Western Blot
- by Immunoaffinity chromatography (IAC) and subsequent 2D DIGE analysis

2. COVERAGE ANALYSIS INFORMATION

2.1 2D ANALYSIS OF HCP COVERAGE USING BIOGENES' GENERIC |360-HCP ELISA ANTIBODIES

E. coli|360 HCP ELISA

- Type C
- Type E
- other HCP antibody (please specify):

CHO|360 HCP ELISA

- Type A
- Type B
- Type C
- Type D
- all of the above
- other HCP antibody (please specify):

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2.2 2D ANALYSIS OF HCP COVERAGE USING A SPECIFIC HCP-ANTIBODY

Which specific antibody? Please specify: _____

What is the origin of antibody (species)?
Please Specify: _____

The HCP-antibody will be provided as:

Affinity purified

Total IgG

Concentration of the provided HCP-antibody: _____

Buffer composition (please specify): _____

3. SAMPLE INFORMATION

3.1 SAMPLE CHARACTERISTICS

Sample originates from the following host species:

E. coli

CHO

Other. Please specify: _____

Number of samples to be analysed: _____

Sample character:

Cellular lysate

Cell culture supernatant

Other

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

Buffer composition (please specify):

Sample represents:

Mock fermentation

Process sample with drug substance

What is the nature of the drug substance (recombinant protein, humanized antibody, other; please specify):

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3.2 ANTI-DRUG ANTIBODY CHARACTERISTICS

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 solution: _____

Working concentration anti-drug antibody in Western Blot: _____

5. 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?
