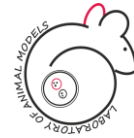


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Viral production Submission Form

Internal Use Only

Date Received _____ Ref. No. _____ Accepted by _____
Comments: _____

Date of request _____
Investigator Name _____ E-mail address _____
Lab Address _____
_____ Phone No. _____
Source of payment _____

Information regarding viral production

AAV

LV

Name of coding plasmid _____

Map of the plasmid (source/plasmid number /attached as) _____

Scale of production standard/other (describe) _____

Serotype of production (only for AAV): _____

*Plasmid purified and verified in LAM _____

Plasmid concentration/amount: _____ 260:280 ratio _____

Purified with (QIAGEN Maxi Endo Free kit strongly recommended):

Measured with (Nanodrop/spectrophotometer/Qubit/other): _____

Gel picture (attach)

Required volume of viral aliquots: 5ul 7ul 10ul other

Investigator Signature _____

