

Feb 7, 2012

## Lentiviral Vector Production Request Form

Please note: A copy of this form will be sent to the WSU biological safety officer who may initiate contact with the PI to assist with any applicable institutional biosafety committee obligations associated with this request.

User (contact) Name: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

PI name: \_\_\_\_\_

### Vector-specific information:

Name of vector plasmid: \_\_\_\_\_ Name of parent vector plasmid/system (if known) \_\_\_\_\_

Transgenes expressed by vector (List **all** transgenes including fluorescent proteins eg. EGFP, shRNA targeted to cMyc):

\_\_\_\_\_  
\_\_\_\_\_

Check this box if your vector is **NOT** second or third generation (this is unusual, most vectors are second or third generation and do not express Gag, Pol or Env and do not make detectable replication competent lentivirus (RCL). If you are unsure please contact the vector production director Grant Trobridge at [grant.trobridge@wsu.edu](mailto:grant.trobridge@wsu.edu).

Check this box if your vector plasmid contains DNA sequences from a restricted agent. If you are unsure please contact Mike Kluzik at [mkluzik@wsu.edu](mailto:mkluzik@wsu.edu) for assistance. List agent(s) here \_\_\_\_\_

**We currently do not provide lentiviral production service for vectors that contain DNA encoding genes from risk group 4 agents or toxins with an LD<sub>50</sub> of less than 100 ng/ml. You must check the below box and have your PI sign this form in order for us to proceed to make your prep.**

Check this box to confirm that your vector plasmid does not contain DNA sequences from risk group 4 agents as defined by the NIH, or DNA sequence encoding a toxin with a LD<sub>50</sub> of less than 100 ng/ml.

***This box must be checked for us to proceed.***

**Production amount:** (For a control EGFP vector, 5 µl is typically enough to transduce >50% of 10<sup>6</sup> HT1080 cells on a 10 cm tissue culture plate).

I would like 200 µl of 100-fold concentrated vector (10-20 µl aliquots). *we require 25 µg of vector plasmid or*

I would like 600 µl of 100-fold concentrated vector (10-50 µl aliquots and 5-20 µl aliquots) *we require 75 µg of vector plasmid*

For larger scale please indicate amount here \_\_\_\_\_ and contact the director [grant.trobridge@wsu.edu](mailto:grant.trobridge@wsu.edu)

**Signature of PI: I hereby confirm the above information to be accurate, and agree to have this form sent to the WSU biological safety officer.**

PI name (printed): \_\_\_\_\_

PI signature: \_\_\_\_\_