AAV Production order form

**Investigator: Name**:

 Institution/company:

 **Project**:

**pAAV plasmid information:**

**Plasmid name:**

**Provider:**       (Addgene, other)

DNA provided: Concentration:       µg/µl

 Total amount:       µg

Plasmid size:       kb

AAV genome size (length lITR-rITR):       kb

Maxiprep kit: [ ]  other :

**Information for packaging:**

Serotype :

Purification method: [ ]  iodixanol [ ]  iodixanol + chromatography

 [ ]  other :

Adherent cells production [ ]  2E8 HEK cells [ ]  4E8 HEK cells

Suspension cell production [ ]

Other :

Specify aliquot volume: [ ]  5 µl [ ]  10 µl [ ]  other :      µl

**Vector characterization:**

Amplicon for qPCR: [ ]  ß-Globin [ ]  WPRE [ ]  ITR [ ]  hSynapsin [ ]  GFP [ ]  other :

[ ]  VG titer [ ]  Infectivity (available for certain serotypes only)
[ ]  other:

**Please sign:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Investigator**  |  | Date: |  |
| **PTBTG**  |  | Date: |  |

Bas du formulaire