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