Lenti Production order form

**Investigator: Name**:

 Institution/company:

 **Project**:

**pLenti plasmid information:**

**Plasmid name:**

**Provider:**       (Addgene, other)

|  |  |  |  |
| --- | --- | --- | --- |
| DNA provided:  | Concentration:  |       µg/µl | NB: requested amount of shuttle plasmid10x prep: >150 µg1000x prep: >420 µg |
|  | Total amount: |       µg |

Plasmid size:       kb

Lentiviral genome size (length l-LTR – r-LTR):       kb

Maxiprep kit: [ ]  other :

**Information for vector packaging and concentration:**

Pseudotyping:

Concentration: [ ]  10X (1 centrifug. step) [ ]  1000X (2 centrifug. steps)

Specify aliquot volume: other       µl other :      µl

**Vector characterization:**

[ ]  p24 titer (ELISA)

To be discussed if needed: [ ]  Infectivity (stable copy integration in HeLa cells)

 other:       (e.g. flow cytometry if reporter present)

**Please sign:**

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

Bas du formulaire