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 plasmid  10x prep: >150 µg  1000x 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