

**THE RESEARCH INSTITUTE
VIRAL VECTOR CORE
RECOMBINANT AAV REQUEST FORM**

<p>Vector Core Office Use Project: _____ Received : _____</p>
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TO REQUEST RECOMBINANT AAV VECTOR, FILL OUT THIS FORM AND RETURN WITH PLASMID DNA TO ANDREW MOREO (614-355-3464), CENTER OF GENE THERAPY, THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL, 700 CHILDREN'S DR., COLUMBUS, OH 43205. FOR QUESTIONS, CONTACT K. REED CLARK, DIRECTOR, VIRAL VECTOR CORE LABORATORY (614-722-2739)

1. Contact Information		
Principal Investigator		Primary Lab Contact
Division/Institution		Division/Institution
Phone/Fax		Phone/Fax
E-mail		E-mail
2. Services Requested		
For Vector Core Office Use	ID#:	ID#:
a. Plasmid/Clone (Name)		
b. Expression Cassette (Promoter + Transgene)		
c. ITR containing plasmid	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Transgene expression cassette size (maximum capacity is 4.4kb)		
e. Virus type	<input type="checkbox"/> rAAV <input type="checkbox"/> rAd	<input type="checkbox"/> rAAV <input type="checkbox"/> rAd
f. Type of rAAV Production	<input type="checkbox"/> Transfection <input type="checkbox"/> Generate Stable Line <input type="checkbox"/> Use existing Producer <input type="checkbox"/> Cell Line Name: _____ DRP/cell: _____	<input type="checkbox"/> Transfection <input type="checkbox"/> Generate Stable Line <input type="checkbox"/> Use existing Producer <input type="checkbox"/> Cell Line Name: _____ DRP/cell: _____
g. Serotype (rAAV1, 2, 5, or 8)	Type: _____	Type: _____
h. DRP Taqman Titer: Indicate appropriate primer/probe set (e.g. CMV, eGFP, CAG, EF1 α)		
i. Safety Testing (all vector is produced with antibiotics)	<input type="checkbox"/> Endotoxin <input type="checkbox"/> Sterility <input type="checkbox"/> RCAAd <input type="checkbox"/> RCAA V	<input type="checkbox"/> Endotoxin <input type="checkbox"/> Sterility <input type="checkbox"/> RCAAd <input type="checkbox"/> RCAA V
j. Minimum Vector Yield and Concentration.		
k. Additional Requirements		

3. Compliance

To comply with federal, state, and local guidelines, approval is required at the institutional level to be able to possess or work with Biohazardous materials. At CCRI, the materials produced by the Viral Vector Core require the following levels of containment: BL1: plasmids and rAAV vectors; BL2: recombinant adenovirus vectors.

REFERENCE: NIH GUIDELINES FOR RESEARCH INVOLVING RECOMBINANT DNA MOLECULES (NIH GUIDELINES) APRIL 2002.

a. CCRI INSTITUTIONAL BIOSAFETY AND CHEMICAL SAFETY COMMITTEE PROTOCOL. I BCSC PROTOCOL MUST BE APPROVED BEFORE VECTOR CAN BE DELIVERED. PROTOCOL MAY BE PENDING AT THE TIME OF REQUEST SUBMISSION.	<input type="checkbox"/> Submitted and Pending	b. Biosafety Level	<input type="checkbox"/> rAAV BL-1
	<input type="checkbox"/> Approved	c. IBCSC Protocol #	<input type="checkbox"/> rAd BL-2
d. Other Institutions	I HAVE BEEN INFORMED THAT THE MATERIALS REQUESTED ARE BIOHAZARDOUS AND I HAVE CONSULTED THE APPLICABLE FEDERAL, STATE AND LOCAL GUIDELINES (INITIAL AND DATE):		_____/____

4. Billing Information

a. <input type="checkbox"/> TRI-NCH	<input type="checkbox"/> Externally Funded Grant	b. TRI-NCH Cost Center REQUIRES SIGNATURE IN 4c.	
	<input type="checkbox"/> CCRI Funded Grant	c. Signature:	
d. <input type="checkbox"/> Other Institutions	IF REQUESTED, A QUOTE WILL BE SENT BY EMAIL/FAX USING THE CONTACT INFORMATION PROVIDED ABOVE IN 1e or 1f.		e. Send Quote
			<input type="checkbox"/> YES <input type="checkbox"/> NO
	f. PO Number	g. Attach PO (REQUIRED)	<input type="checkbox"/> PO Attached

5. Signature of Investigator

Name		Signature		Date	
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