

**THE RESEARCH INSTITUTE  
VIRAL VECTOR CORE  
ADENOVIRUS REQUEST FORM**

<b>Vector Core Office Use</b> Project: _____ Received : _____
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TO REQUEST RECOMBINANT AAV VECTOR, FILL OUT THIS FORM AND RETURN WITH PLASMID DNA TO AMY DUTCHER (614-722-2683), 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).

<b>1. Contact Information</b>				
Principal Investigator		Primary Lab Contact		
Division/Institution		Division/Institution		
Phone/Fax		Phone/Fax		
E-mail		E-mail		
<b>2. Services Requested</b>				
For Vector Core Office Use	ID#:	ID#:	ID#:	ID#:
a. Plasmid/Clone (Name)				
b. Transgene Name				
b. ITR containing plasmid	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Transgene expression cassette size (maximum capacity is 4.4kb)				
b. Virus type	<input type="checkbox"/> rAAV <input type="checkbox"/> rAd	<input type="checkbox"/> rAAV <input type="checkbox"/> rAd	<input type="checkbox"/> rAAV <input type="checkbox"/> rAd	<input type="checkbox"/> rAAV <input type="checkbox"/> rAd
c. Type of rAAV Production	<input type="checkbox"/> Transfection <input type="checkbox"/> Generate Stable Line <input type="checkbox"/> Use existing Producer	<input type="checkbox"/> Transfection <input type="checkbox"/> Generate Stable Line <input type="checkbox"/> Use existing Producer	<input type="checkbox"/> Transfection <input type="checkbox"/> Generate Stable Line <input type="checkbox"/> Use existing Producer	<input type="checkbox"/> Transfection <input type="checkbox"/> Generate Stable Line <input type="checkbox"/> Use existing Producer
d. Serotype (rAAV1, 2, or 5))	Type: _____	Type: _____	Type: _____	Type: _____
e. DRP Taqman Titer: Indicate appropriate primer/probe set (e.g. CMV, eGFP, CAG)				
f. Safety Testing (all vector is produced with antibiotics)	<input type="checkbox"/> Endotoxin <input type="checkbox"/> Sterility <input type="checkbox"/> RCAd <input type="checkbox"/> RCAAV	<input type="checkbox"/> Endotoxin <input type="checkbox"/> Sterility <input type="checkbox"/> RCAd <input type="checkbox"/> RCAAV	<input type="checkbox"/> Endotoxin <input type="checkbox"/> Sterility <input type="checkbox"/> RCAd <input type="checkbox"/> RCAAV	<input type="checkbox"/> Endotoxin <input type="checkbox"/> Sterility <input type="checkbox"/> RCAd <input type="checkbox"/> RCAAV
g. Minimum Vector Yield and Concentration.				
h. 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 The Research Institute, 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 <input type="checkbox"/> Approved	b. Biosafety Level	
		c. IBCSC Protocol #	
		d. IBCSC Approval date	
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"/> The Research Institute	<input type="checkbox"/> Externally Funded Grant	<b>b. The Research Institute Account Number</b> REQUIRES SIGNATURE IN 4c.	
	<input type="checkbox"/> The Research Institute Funded Grant	<b>c. Signature:</b>	
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
	f. PO Number		<input type="checkbox"/> YES <input type="checkbox"/> NO
		g. Attach PO (REQUIRED)	<input type="checkbox"/> PO Attached

**5. Signature Principal Investigator**

Name		Signature PI		Date	
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