

Cell and Therapy Core: lentiviral vector preparation service request

Location: BMC B10 (room 1018), Lund

PI Name: _____	_____
Contact name: _____	Affiliation/Billing Info _____
Email of contact: _____	_____
Phone no. of contact: _____	_____
StemTherapy or Multipark member <input type="checkbox"/> yes	Kostnadsställe (LU only): _____

If you are unsure about size or concentrations contact Beata Lindqvist (beata.lindqvist@med.lu.se)

Plasmid name	Plasmid size	Date of maxi	Plasmid conc. ug/ul	Plasmid Purity A260 /A280	Fluoro-phore?	Order size* (M, S, L)

LV comes as mini (M), standard (S) and large batch (L). Indicate batch size and how many (e.g. 2xS)
DNA required: M = 20µg, S = 55µg, L =160µg. Supply DNA at a 0.5-1.0µg/µl conc.

Have all plasmids been sequenced or tested with restriction digest? yes

Lentiviral titration: qPCR FACS (only if with fluorophore)

Output formulation: Standard, M~100µl, S~300µl, L ~1ml (titre 10⁷-10⁸)

Extra concentrated, (only needed for some applications)

Special requests: _____

NB. The order is not in the queue until order form, plasmids maps and DNA have been delivered.

Send order form and DNA maps to: cellandgenetherapy@med.lu.se

Risk Assessment

Transgenes in vectors _____

Connection to disease in human (e.g. cancer) _____

Access to BCL2 cell hood yes no First use of LV in your laboratory? yes no

Date

PI signature

By signing this I acknowledge that relevant personnel have the education, expertise and knowledge required to handle BCL2 materials. I am also aware that work activities relating to BSL2 materials in laboratories and/or in animals must be filed with Arbetsmiljöverket (Swedish Work Environment Authority).