

VECTOR CORE - WORK ORDER

Date:

Contact name: Fred Hutch

Contact phone/e-mail: UW/External Academic

Principal Investigator/CEO: Commercial

Budget/PO number: or Invoice Signature:

Prep size: 1 plate (0.45 ml) 4 plates (2.3 ml) 6 plates (2.8 ml)
 12 plates (5.6 ml) 24 plates (11.2 ml) Custom volume:

Vector type: Lenti Gammaretro AAV other:

Titration: Fluorophore Taqman qPCR antibody stain none

Vector provided by client or Vector produced by core or "Ready-To-go" Vector

Plasmid provided by client or Plasmid produced by core

Vector Name(s):

Special requests (aliquots, concentration etc):

Disclosure:
In order to provide for the safety of core personnel and prior to acceptance of any order for vector production we require that the following disclosure be completed by the ordering researcher or by an authorized representative of the ordering institution:

Does the vector transgene encode for a potentially etiologic agent ((proto)oncogenic, pathogenic) YES NO

Signature:

UW & external customers only:
 I hereby confirm that I have my institutes' IBC approval to receive and handle the vector that I request with this order.

Signature:

For Resource use only:	
MasterPrep #:	Prep in progress complete
Cost Estimate/Quote #:	Taqman in progress complete
Total cost:	