

Lentivirus Packaging Service Requisition Form

Customer Information

Date: _____

Organization: _____

Phone #: _____

Payment Information

PO # (Include Copy With Order): _____

Contact Person: _____

Email: _____

Billing Address

Name: _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

Plasmid Information

Name: _____

Size (kb): _____

DNA Prep Kit Used*: _____

DNA Quantity‡: _____

Buffer: _____

Concentration: _____

Other Notes:

Order Information

Requested Size and Titer:

Credit Card

Name: _____

Card Number: _____

Expiration: _____ Security Code: _____

Shipping Address

Name: _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

Packaging Information

Is Packaging Plasmid Included: Yes No

Packaging System: _____

Recomm. Packaging System: _____

Generation of Lentiviral Vector: 2nd 3rd

*Endotoxin-free is required

‡Minimum 10µg for regular, 20µg for high and 40µg-100µg for ultrahigh titers