|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Name of Organization |  | | |
| Address |  | | |
| City/State/Zip |  | **Cell Phone** |  |
| Email |  | | |

**I am interested for the following types of services:**

|  |  |
| --- | --- |
| AAV Preps | Transgene (name and source: e.g. human, mouse, etc.): |
| Biological activity of transgene: |
| Serotype: |
| Promoter (name): |
| PolyA (name): |
| Total size of plasmid (bp): |
| Size from 5’ITR to 3’ITR (bp): |
| Total AAV particles: |
| Minimum titer (GC/ml): |

(Please remember to send the electronic plasmid map)

**Analytical Test/Activity**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Viral Titer by qPCR |  | Infectious titer /TCID50 |
|  | Purity Assay (SDS PAGE by Coomassie Staining) |  | Identity by sequencing |
|  | Sterility |  | Sterility/Bioburden |
|  | Purity Assay (SDS PAGE by Silver Staining) |  | pH |
|  | Transmission Electron Microscopy |  | Osmolality |
|  | Endotoxin Assay |  | Test ELISA (capsid titer) |
|  | Empty/full capsids ratio (Analytical Ultracentrifugation AUC) |  | Empty/full capsids ratio (Mass photometry) |
|  | Residual host cell DNA |  | Residual host cell Protein |

**Molecular Cloning Services**

|  |  |  |
| --- | --- | --- |
|  | Cloning | Number of samples: |
|  | Plasmid Growth (Giga prep) | Number of samples: |
|  | Identity by Sequencing | Number of samples: |
|  | Restriction digest profile | Number of samples: |
|  | Check of ITR’s by Restriction | Number of samples: |
|  | pH | Number of samples: |
|  | Sterility | Number of samples: |
|  | A260/280 | Number of samples: |
|  | Endotoxin Assay | Number of samples: |
|  |  | Number of samples: |