# Instructions to request virus preparations (rev. 170118)

1. The requestor should provide 250ug of transfer vector (at 0.5 to 1ug/ul). We suggest using a Qiagen endofree maxi-prep kit. We do not accept mini-prep. Plasmid should be checked for purity and have a A260nm/280nm > 1.8. Plasmid also should be checked by restriction map using endonucleases. Sequencing is desirable.
2. Most transfer vectors can be functionally tested to check expression of gene of interest or expression cassette. In This case, we encourage checking it, before sending the plasmid to produce virus.
3. Please fill one form per viral preparation; attach the map and any additional information send files to LVV@lnbio.cnpem.br, subject: Virus production form.
4. The requestor is responsible for submitting material to VVL , and should provide the delivery of plasmids vectors . Plasmids are very stable and can be shipped at room temperature. The requestor is responsible to accomplish all the legal requirements for shipping of plasmid vectors.
5. The requestor should verify the compatibility of the gene of interest or expression cassette with the desirable viral platform. Notice that VVL is able to produce BSL-2 recombinant virus. Brazilian requestors should have previous authorization from the CTNBio and CIBio at their institutions, before submitting the form. Foreign researchers should verify specific rules to import and transport viral preparations.
6. The requestor is responsible for all administrative procedures to manipulate recombinant plasmids and/or virus, BSL-2 certification and other approvals required by regulatory agencies and at his institution (Brazil: CTNBio, CIBio, ANVISA and others )
7. We typically need two weeks for virus production. Some cases may take an extra time due to the viral system required.
8. The requestor is responsible for picking up virus preparations and is responsible for documents and transportation. Preparations not picked up may be discarded after 30 days.
9. Please acknowledge the Viral Vector Lab if you use this recombinant virus in a publication, grad thesis and others, including the text:

 “This work was facilitated by VVL at LNBio/CNPEM/CNPq/MCTIC”

# Viral Vector Lab – Virus Request Form (rev.170118)

# 1. Requestor

- Requestor’s name:

- Principal investigator:

- Institution / Department / Lab:

- Institutional address

- Telephone: Email:

# 2. Viral preparation

- Viral vector: ( ) LV ( ) RV ( ) Ad ( ) AAV

- Which is the envelope/serotype?

- Scale of production: volume:\_\_\_\_\_mL , titer: \_\_\_\_\_ TU/mL or total VP: \_\_\_\_\_\_\_\_\_\_

- Purification: ( ) centrifugation ( ) ultracentrifugation ( ) column ( ) other \_\_\_\_\_\_\_\_\_\_\_\_

- Viral vector name (same printed in the plasmid tube):

# 3. Features of project and Transfer plasmid

- Please attach a brief description of the project (subject and main goal), the application of the viral vector and the function of the transgene or target for shRNA.

- Is it the transgene expression oncogenic or cytotoxic?

- Please attach a vector map representing viral sequences, promoter, gene of interest, antibiotic resistance, main restriction sites, size of expected fragments and total size of the plasmid.

- Briefly describe backbone vector features: (name, author, publication)

- Was the plasmid vector checked by restriction Map? (please attach result)

- Was the plasmid vector functionally tested ?

- Approval of Biosafety Commission (CIBio) for this project:

**The requestor is responsible for all documentation and certification for construction, production, manipulation, transportation and discard of viral preparation, accomplishing all the requirements from his institution and regulatory/fiscalization Agencies (Brazil: CIBio, CTNBio, ANVISA and others).**

**Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor’s signature**