



**Children's Viral Vector Translational Resource Center  
Children's Memorial Research Center (CMRC)  
Northwestern University  
Chicago, Illinois**

Martha C .Bohn, PhD - Director  
m-bohn@northwestern.edu  
Phone: 773-755-6355  
Fax: 773-755-6344

**Mailing Address**  
2300 Children's Plaza  
Box 209  
Chicago, IL 60614

**Express Mail Address**  
2430 N. Halsted St.  
Chicago, IL 60614

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**LENTIVIRAL VECTOR REQUEST FORM**

Please respond to all questions. If question is not applicable, please indicate with N/A on the appropriate line.

**SUBMITTOR INFORMATION:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Affiliation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E. mail Address: \_\_\_\_\_

**VECTOR INFORMATION**

Construction Scheme (Please attach a single page schematic with all the cloning intermediates identified and a narrative describing each of the cloning steps. **Also if sequence of the insert or the entire plasmid is available electronically please supply separately on CD or diskette.**)

Plasmid Name: \_\_\_\_\_



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Electronic Sequence Provided:

- Gene or cDNA
- Expression Cassette (Promoter, Gene or cDNA, Polyadenylation Sequence)
- Entire Plasmid Vector Sequence

Reference Describing Vector Construction (if available): \_\_\_\_\_  
\_\_\_\_\_

Institutional I.B.C. Approval Number: \_\_\_\_\_

Animal Protocol Number (If Applicable): \_\_\_\_\_

Bill To: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Fax) \_\_\_\_\_

Provide FedEx account number for virus to be shipped. \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_