



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

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

rAAV 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: _____

Address: _____

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: _____