**University of South Carolina Viral Vector Core Order Form**

***Accounting Information***

**Accounting Contact:** **Email:**  **PHONE:**

**Account Address**:

**UofSC Account #:**  **Purchase Order #:**

Viral Vector Core,

Dept. Pharmacology, Physiology & Neuroscience

University of South Carolina School of Medicine

VA Campus Bldg 9, 2nd Floor

6439 Garner’s Ferry Road, Columbia, SC 29209

Phone (office): (803) 216-3502

Phone (lab): (803) 216-3525

Contact: **Christopher Seliga, Viral Core Lab Manager**

E-mail: [Christopher.Seliga@uscmed.sc.edu](mailto:Christopher.Seliga@uscmed.sc.edu)

***Project Information***

**Project Description:**

**Gene of Interest: (G of I) accession#:**  **(G of I) Promoter:**

W**ill vector be used in animals? Yes or No**  **If Yes, please provide species**:

**Lentiviral Vector (LV): Generation, purification & concentration**

\_\_\_\_ 0.15 mL Titer: 1x 107 TU/mL - 1x 109 TU/mL

\_\_ 0.3 mL Titer: 1x 107 TU/mL - 1x 109 TU/mL

\_\_ 0.6 mL Titer: 1x 107 TU/mL - 1x 109 TU/mL

***Do you want LV supplied as aliquots of 10-20 µL?***

Y or N?\_\_\_\_If yes, what volume?\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adeno-Associated Vector (AAV): Generation, purification & concentration**

**Specify AAV Serotype: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_ ~150 µL Titer: 1x 1011 vg/mL - 1x 1012 vg/mL

\_\_ ~0.5 mL Titer: 1x 1011 vg/mL - 1x 1012 vg/mL

***Agreement:*** *Safety information of the gene of interest has been provided above to the best knowledge of the Primary Investigator (PI). The PI has or will register the vector described above with the Institutional Biosafety Committee or its equivalent at his/her institute. Published study involving use of any gene transfer vectors prepared at the UofSC Viral Vector Core must acknowledge the Vector Core and the PI agrees to provide the Vector Core with a publication record. Gene transfer vectors prepared by the Vector Core are not for application in human beings. Both USC, and the Vector Core shall not be held liable for any outcome in connection with use of the vectors by the PI.*

PI Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send completed form by email to: [Christopher.Seliga@uscmed.sc.edu](mailto:Christopher.Seliga@uscmed.sc.edu)**

For Prices & Information visit Web Page: <https://sc.edu/study/colleges_schools/medicine/research/research_facilities/viral_vector_core/index.php>

***Investigator Information***

**Investigator:** **Contact (if other than PI):**

**Institution**:

**Phone:**  **Email:**  ***Shipping Address:***