

## Viral Particle Request Form Viral Vector Core Facility The Miami Project to Cure Paralysis



All information *must* be completed. Use a separate form for each type of viral particle to be produced and email to: VVC@med.miami.edu

All information will remain confidential.

## Section I: Requestor Information

Date Requestor's Name Requestor's Email Addres Requestor's Phone Numb Principal Investigator Billing Account Number	
Requestor's Email Addres Requestor's Phone Numb Principal Investigator	
Requestor's Phone Numb Principal Investigator	
Principal Investigator	er
Pilling Aggust Number	
Diffing Account Number	
Section II: IBC In	formation oval to produce and/or use viral particles.
IBC Protocol Number	ovar to produce and/or use viral particles.
Principal Investigator	
1. Is this your first time or	dering this calendar year? Select Yes No
•	", include your IBC protocol letter of approval, a copy of the protocol any amendments relevant to the virus to be produced.
<b>1b</b> : If you answered "No"	, does the current request fall under the same protocol? Select Yes No
If you answered "Yes", the	e IBC documents are not required.
If No, include any relevan	t IBC protocol and approval letter for the new request.
Leave the following blan	k: the VVC will complete them.
I. Total charges: \$	
II. Prep information:	
1	

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## Section III: General Information About Viral Particles to be Produced

1. Type of viral particles to produce (check one)?	Lentivirus	Adeno-associated	d virus (AAV)
2. Will you transduce <i>in vitro</i> or <i>in vivo</i> (check one)?	1		
3. What cell type(s) are you going to transduce?	In vitro	In vivo	Both
4. What biological question(s) will you address using	g these viral part	icles?	
5. We cannot produce viral particles that exceed a Describe all dangers that may be uniquely presented Will expression of the transgene present a biohazard	by production ar	nd/or use of your	viral particles.
Section IV: Purity and Charges Standard preparation includes FPLO ultracentrifugation for lentiviral particles. (			
6a. <u>Lentiviral particles.</u> Standard preparations are in 1X PBS/1%BSA. Half-size preps are also as What size and how many preps do you want?	typically ~450	μL of >2.0 x 10 <sup>1</sup>	<sup>1</sup> viral particles/mL <sup>*</sup>
Total number of full-size p  Total number of half-size p	•	e as full-size prep	os)
*Lentiviral concentrations are determined by ELISA >1.0 x 10 <sup>7</sup> pg/mL of p24, corresponding to >1.0 x transduction depends on the cell-type and other corshould be determined empirically. See LentiWeb.co	10 <sup>11</sup> viral partinditions, and thu	cles/mL. However the Transducing	ver, the actual

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<b>6b.</b> <u>AAV</u> particles. AAV particles are FPLC-purified and typically yield ~200 $\mu$ L of >1.0 x 10 <sup>13</sup> viral particles/mL (AAV-8) or >1.0 x 10 <sup>12</sup> viral particles/mL (AAV-2) in 1X HBSS (based on qPCR).
Indicate how many preps you want and the serotype. Serotypes available: AAV1, 2, 5, 6, 8, 9, AAVretro, AAVPHP.eB and AAVPHP.S
Total number of standard preps
Total number of half preps (Titer same as full-size preps)
Choose serotype:
7. Provide any additional viral particle production instructions below (e.g., higher concentration):
Section V: Information About Your Transfer Plasmid
You must provide a <u>high-quality, endotoxin-free maxi-prep</u> of your transfer plasmid that is free of genomic DNA. We make the packaging plasmids. Alternatively, we can perform the plasmid preparation for you as a separate service.
<b>8a.</b> Into which backbone transfer plasmid is your transgene cloned?
pLenti-MP2 (lentivirus)   pRRLsinPPT.CMV.MCS.Wpre (lentivirus)
pAAV-MCS (AAV) Other (please describe)
<b>8b.</b> From whom did you obtain the backbone plasmid?
Viral Vector Core
Other (please specify)
9. What gene(s) of interest is inserted into the vector?
10. What is the length of your insert?
Note: The maximum insert size is ~4 kbp for many lentiviral constructs (e.g., pLenti-MP2 and pRRLsinPPT.CMV.MCS.Wpre), and ~3 kbp for many AAV (e.g., pAAV-MCS).
11. Do you have a tag or antibody for the construct? If "Yes", describe below.   Yes No
12a. With which maxi-prep kit did you prepare the plasmid (vendor, kit name, and catalog #)?

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<b>12b.</b> What are the O.D. readings	260 nm	20	60 nm / 280 nm [	
and concentration?	280 nm		Concentration	
Note: the plas	smid concentrat	ion can be <i>no less</i>	than 0.5 mg/mL	1.
12c. What is the total amount of pla	asmid being supp	olied?		
For lentiviral particles For AAV particles, a s	· ·	-		-
12d. Did you sequence your transg	ene subcloned in	to the transfer vect	or?	
☐ Yes (fully) ☐ Yes (par	tially) $\square$ No	(why not? Please	spend \$8.00 and	get it sequenced)
13. Insert the following below: (1) a gel image below showing (a) 0. yield at least 2 bands), both from the Gel image				

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(2) a map of the transfer plasmid transfer plasmids are available from	(GenBank-formatted annotated n the Viral Vector Core).	sequence for all Miam	i Project VVO

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