

AAV Production Order Form		AA				
		Received				
Principal Investigator						
Contact Person:	Name:					
	E mail:					
	Tel:					
Services Requested	Transgene (name and source: e.g. human, mouse, etc.):					
	Biological activity of transgene:					
	Size of transgene (bp):					
	Total size of plasmid (bp):					
	Size from 5' ITR to 3' ITR (bp):					
	PolyA (name):					
	Promoter (name):					
	Prep type:		mini (3.5 ml)	maxi (5 ml)		
	AAV serotype to be produced:					
AAV vectors expressing lacZ or EGFP	Qty of 100 ul aliquots:	n.	Serotype 2/		CMV <input type="checkbox"/>	eGFP <input type="checkbox"/>
					TBG <input type="checkbox"/>	LacZ <input type="checkbox"/>
	Qty of 100 ul aliquots:	n.	Serotype 2/		CMV <input type="checkbox"/>	eGFP <input type="checkbox"/>
					TBG <input type="checkbox"/>	LacZ <input type="checkbox"/>
	Qty of 100 ul aliquots:	n.	Serotype 2/		CMV <input type="checkbox"/>	eGFP <input type="checkbox"/>
					TBG <input type="checkbox"/>	LacZ <input type="checkbox"/>

For any question contact [service@innovavector.eu](mailto:service@innovavector.eu)