



Center for Applied Technology Project Information Form #115B

Project Information

Primary and secondary contacts will be recipients of product CofA and product summaries. Contacts listed below will be contacted during significant manufacturing or operational changes and will be responsible for request of documentation and product shipment(s).

Company:			
Primary Contact:		Phone:	
Title:			
Email:			
Secondary Contact:		Phone:	
Title:			
Email:			
Production Scale:			

Product Information to be completed by PI

Production Scale:	
Vector Name for Product Labels:	Transfer pDNA name:
	Lentivirus Product Name(Long version):
	Enter abbreviated (Short version of) product name, if product name will not fit on label. <input type="checkbox"/> <i>Check if not applicable.</i>
	<p>Example of Product Label: Product Name [Lentivirus] Batch # 0786-xxx-0001-1 DOM: DDMMYY Vol: 0.5 mL Caution: New Drug – Limited by Federal (or United States) Law to Investigational Use</p>
Plasmid Vector Size (bp):	
Parent Virus or Plasmid	
Name of Gene Insert	
Source of Genes or DNA Sequence (Human, Rat, HIV)	
Function of Gene	
Oncogene	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toxin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a Protein or Nucleic Acid Produced by Gene Insert?	
Dose (Concentration):	
Volume per Vial	Standard: 1.0 mL
Type of Vial	Standard: 1.2 ml vial cryo-vial (Corning#430658)



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Final Formulation: (i.e. PBS, Sterile Saline, WFI, TE, 4% Lactose in PBS)		Standard: 4% Lactose in PBS	
Storage Temperature:			
Special Instructions:			
PI Name:	PI Signature	Date:	