**Lenti-shRNA Core Facility**

 **cDNA Virus Particle Ordering Form**

|  |  |
| --- | --- |
| Order Date: |   |
| P.I. Name: |   |
| CB#, Building, Room #: |   |
| Contact Phone #: |   |
| Chart field(Fd code-Source-Dept ID-Proj ID) : |   |
| User's Name: |   |
| User's Email: |   |

**BIOSAFETY CONCERNS**

* Vector particles should be handled in a BSL-2 facility.
* Use all necessary protective gear.
* Keep sharps out of the tissue-culture hood.
* Follow your lab’s biosafety plan.
* Be aware of the fact that VSV-G pseudotyped HIV-1 vector particles can transduce human cells *in vivo.*
* Theoretically, exposure to HIV-1 particles can result in seroconversion.

**Please note that it is the investigator’s responsibility to get UNC Institutional Biosafety Committee approval to use the required shRNA clones.**

I acknowledge that I have reviewed the above safety information and agree to adhere to the UNC Biosafety Committee’s requirements.

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| --- | --- |
| Pick Up Date: |   |
| Pick up Person's Signature: |   |
| Pick up Person’s Name: |  |

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|  | **Accession List** | **Vector-Plasmid DNA Concentration and Volume** | **Comment** |
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