**Virus Manufacturing Info/Reagent Inquiry (IRI) Form**

**Virus Manufacturing Request**

|  |  |  |
| --- | --- | --- |
| Virus grade: | Research (R&D)  GMP | |
| Virus Titer Requested: (IFU: Inclusion Forming Units, GC: Genome Copy ) | | |
| Lentivirus: (  IFU/mL ,  GC/mL ,  p24 ng/mL ) | | |
| Retrovirus: (  IFU/mL ,  GC/mL ) | | |
| AAV: ( GC/mL ) | | |
| Other: ( unit: ) | | |
| Volume Requested: | |  |
| Vial Aliquot Volume: | |  |
| GMP/GLP QC assay requirement: | | **Suggests as Appendix** |
| Potency assay requirement: | | Yes 　 No |

**Plasmid Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Plasmid Name | Need to amplify this plasmid? | Plasmid map | Grade  (R&D or GMP) | Was plasmid sequenced? |
| Transgene plasmid: | Yes No | Yes No | R&D　GMP | Yes No |
| Helper plasmid: | Yes No | Yes No | R&D　GMP | Yes No |
| Packaging plasmid1: | Yes No | Yes No | R&D　GMP | Yes No |
| Packaging plasmid2: | Yes No | Yes No | R&D　GMP | Yes No |

Expected Plasmid Transfer date:

**Virus Producing cell provide:** Yes No

**Reagent Transfer:** Yes No

**Method/Protocol Transfer:** Yes No

**Other Notes:**

**Contact Information**

Company/Organization　:

Name :

Tel :

Email :

**Appendix (suggested QC items)**



