**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)**



