Lentiviral DNA Submission Form

For custom lentivirus production using the customer’s lentiviral vectors, please fill out all of the fields when shipping your DNA to OriGene.
- All fields need to be filled when shipping your DNA

1. Name of plasmid: ________________ (OriGene SKU#: CW______________)

2. **Label your DNA tube**: contains the custom CAT# and name of your DNA (custom CAT# will be on your quote once you receive it)

3. Please attach a copy of the plasmid map and sequence. In addition, provide the insert size: _____

4. Have you packaged virus using this vector? Yes or No
   If yes, what is the typical titer? __________

5. **What competent cells do you use?** We recommend to use NEB stable competent cells, cat# C3040I

6. Endo-free plasmid prep kit used: ________________

7. Amount of DNA provided: __________, concentration: ________ OD260/280________
   The ratio of the absorbance at 260 and 280 nm should be 1.8-2.0

8. How do you QC the plasmid? Do you perform digestion to make sure there is no DNA recombination? Please provide digestion gel picture.

### DNA amount needed for lentivirus production

<table>
<thead>
<tr>
<th></th>
<th>200 uL</th>
<th>50 uL</th>
<th>100 uL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10^7$</td>
<td>20 ug/vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10^8$</td>
<td>100 ug/vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10^9$</td>
<td>1.5 mg/vial</td>
<td>500 ug/vial</td>
<td>750 ug/vial</td>
</tr>
<tr>
<td>$10^{10}$</td>
<td>2.0 mg/vial</td>
<td>4.0 mg/vial</td>
<td></td>
</tr>
</tbody>
</table>

Please ship the DNA on Blue ice or dry ice:

Dr. Mao Fu
OriGene Technologies
9620 Medical Center Dr., Suite 200
Rockville, MD 20850