**Concentrating self-packaged vector 自包装病毒载体浓缩**

* Please Email the completed form to [juyingzi@cibr.ac.cn](mailto:juyingzi@cibr.ac.cn) and cc it to the PI and [zhaofei@cibr.ac.cn](mailto:zhaofei@cibr.ac.cn). 请填写表格并发送至[juyingzi@cibr.ac.cn](mailto:juyingzi@cibr.ac.cn)，同时抄送给实验室负责人和[zhaofei@cibr.ac.cn](mailto:zhaofei@cibr.ac.cn)。
* Please contact Vector Core staff to arrange the time, and send the raw virus soup to Room 1013 at the scheduled time. 请提前联系载体中心安排浓缩服务时间，并按时提供粗病毒液至1013室。

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Principal Investigator**  **实验室负责人** | | : PI name / 实验室负责人 | | | **Service Requester**  **服务申请人** | | | | : Requester / 申请人 | | |
| 🖂: PI Email / 实验室负责人邮箱  🕾: PI Phone # / 实验室负责人电话 | | | 🖂: Requester Email / 申请人邮箱  🕾: Requester phone # / 申请人电话 | | |
|  | | | | | | | | | | | |
| **Project Information 详细信息** | | | | | | | | | | **Filled by VC staff**  **载体中心填写** | |
| **#** | **Viral vector name or #**  **病毒载体名称或代码** | | | **Vector type**  **载体种类** | | **Gene risk**  **表达基因风险性** | | **Volume**  **体积** | | **Vol.**  **(μl)** | **Titer**  **(gc/ml)** |
| **1** | Viral vector name or # / 病毒载体名称或编号 | | | Vector type | | Risk | | Vol. ml | | Vol. | Titer |
| **2** | Viral vector name or # / 病毒载体名称或编号 | | | Vector type | | Risk | | Vol. ml | | Vol. | Titer |
| **3** | Viral vector name or # / 病毒载体名称或编号 | | | Vector type | | Risk | | Vol. ml | | Vol. | Titer |
| **4** | Viral vector name or # / 病毒载体名称或编号 | | | Vector type | | Risk | | Vol. ml | | Vol. | Titer |
| **5** | Viral vector name or # / 病毒载体名称或编号 | | | Vector type | | Risk | | Vol. ml | | Vol. | Titer |
| **6** | Viral vector name or # / 病毒载体名称或编号 | | | Vector type | | Risk | | Vol. ml | | Vol. | Titer |
| **Comment 备注** (Please note here for any special comments.)  Click to input comments 请单击输入备注 | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Requester 申请人**  **Signature 签字** | | | **PI signature 实验室负责人签字**  **(if required 如果需要)** | | | | **Receiver 领取人**  **Signature 签字** | | | | |
| **Requesting date申请日期** Choose the date | | | | | | | **Delivering date 领取日期 Write the date** | | | | |

Note 注意：**1.** Vector Core can’t guarantee the final titer of the concentrated self-packaged viral vectors. 病毒载体中心无法保证自包装病毒浓缩后的滴度。**2.** It is strongly recommended to aliquot the vectors to appropriate volume and stored at -80oC immediately after receiving it, and avoid repeatedly free/thawing. 强烈建议在收到病毒载体后尽快分装为合适的体积储存于-80oC，并避免反复冻融。**4.** Lenti-/retro-virus vector must be handled in (A)BSL-2 laboratory. Please strictly follow the biosafety regulation. 慢/逆转录病毒载体必须在(A)BSL-2实验室操作，请严格遵守生物安全制度。