



ViraQuest Inc.
*Innovative Adenovirus Technologies
 and Reagents*

ViraQuest Inc. office use only	
Approved Date: _____	Initials _____
Institutional RAC on file: Yes <input type="checkbox"/> No <input type="checkbox"/> _____	
QBooks: Yes	No Invoice# _____
DBase: Yes	No Proj# _____

TO BE COMPLETED BY PRINCIPAL INVESTIGATOR:

Name: _____	Date Submitted: _____
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Institution/Company: _____

Shipping Address: _____	Billing Address: _____
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Tel: _____	Fax: _____	Email: _____
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Contact Person: _____	Fed Ex Account #: _____
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Tel: _____	Fax: _____	Email: _____
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cDNA name: _____	cDNA accession#: _____
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Size of Insert: _____	Shuttle Plasmid: VQAd5 RSV <input type="checkbox"/> VQAd5 CMV <input type="checkbox"/>
Backbone: RAPAd™ <input type="checkbox"/> Other <input type="checkbox"/> _____	Other: <input type="checkbox"/> _____

This gene has been over expressed in (bacteria, yeast, tissue culture, mice, in vivo, ex vivo, other). (Circle all that apply)

Has this project been approved by your Institutional Biosafety Committee (rDNA Committee). YES NO

Are there safety concerns regarding over expression of this cDNA in vivo? YES NO

If YES, please explain on separate sheet.

SERVICES REQUESTED:	OTHER:
VQ-100 <input type="checkbox"/> Subcloning and new recombination	Reporter Virus: _____
VQ-200 <input type="checkbox"/> Recombination	Additional Virus Request:
VQ-300 <input type="checkbox"/> Amplification	Name: _____ Date: _____ Qty: _____
VQ-600 <input type="checkbox"/> Backbone construction	Name: _____ Date: _____ Qty: _____

Method of Payment: PO <input type="checkbox"/>	CC/PO# _____	Exp. Date: _____
Credit Card: MasterCard <input type="checkbox"/> VISA <input type="checkbox"/>		

I certify that I have read and understand the current NIH guidelines and instructions concerning the use of recombinant DNA molecules and agree to comply with them. www4.od.nih.gov/oba/Rdna.htm

Signature: _____	Date: _____
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