

APPLICATION FOR TRAINING AND/OR ACCESS TO THE VECTOROLOGY PLATFORM

Applicant's contact information

Name / First name:

Date of birth:

Phone:

Team :

Mail :

Research structure:

Statut (M2, PhD, post-doc, researcher, lecturer, technical staff):

Do you need to follow the training " Nouveaux-entrants L3 " : Yes No

Do you wish to follow the training for the production of viral vectors: Yes No

Membership in Université Paris Cité: Yes No

Research Project

Title :

Project summary:

Techniques and protocols used:

Use of the vector or other pathogen:

In vitro Target tissue or cell line:

In vivo

GMO approval number for the project:

Approval date:

L3 access frequency:

1time/year 1 time/month 1 time/week at least once/day

Biological materials

Pathogens or viral vectors manipulated

Infectious dose:

Chemicals, carcinogens, mutagens or reproductive toxins (CMR) and/or toxins used during experiments: no yes , describe which ones ?

Viral vectors specifications

Vector name	Vector Origin	Reporter Gene / tag	Insert name, origin and category (A ou B)	Vector use : (Expression / ARN Interference /Inductible)	Recipient host