

## Vector Construction Sample Submission Form

### Investigator Information:

Date for Submission:								
PI Name:								
University:			College:			Department:		
CoBRE Investigator (If yes, please select an option below.)								
Pilot Project Leader			Project Leader		Mentor		Core Director	
OCRID Center Investigator								
Non-CoBRE/OCRID Investigator								
Researcher 1 Name:			Researcher 2 Name:			Researcher 3 Name:		
Student Post-doc Other			Student Post-doc Other			Student Post-doc Other		
Date Services Needed By:								

### Experiment Information – Please provide a brief description of experimental purpose.

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### Vector Information

Purpose:	shRNA	CRISPR/Cas9	Overexpression Vector
Type of Vector:	Lentiviral	Adenoviral	Non-Viral
Host:	<i>E. coli</i>	Mammalian Cells	
Gene Name and ID:			
Species:			