

**COLLABORATIVE ANTIVIRAL TESTING GROUP
COMPOUND SUBMISSION FORM**

Submitter Name:

Submitter Compound ID:

Previously used Compound ID(s):

ARB #:

Compound Name:

RESUPPLY?

YES NO

Structure:

Molecular Wt.:

Molecular Formula:

Stability:

Soluble in DMSO? yes no warm

Hygroscopic/Deliquescent?

If no above, recommended solvent:

Single Compound (solid or liquid)?

Sample Qty: (mg):

Compound(s) in Solution?

Concentration: (mg/mL) Qty: (mL)

Color:

Physical State:

Special safety/handling storage requirements:

Select virus(es) to be considered for screening:

- | | |
|---|---|
| <input type="checkbox"/> SARS | <input type="checkbox"/> Venezuelan Equine Encephalitis (VEE) |
| <input type="checkbox"/> Vaccinia | <input type="checkbox"/> Punta Toro |
| <input type="checkbox"/> Cowpox | <input type="checkbox"/> Yellow fever |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> West Nile |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Dengue fever |
| <input type="checkbox"/> Influenza A & B | <input type="checkbox"/> <u>Herpesviruses</u> |
| <input type="checkbox"/> RSV | <input type="checkbox"/> HSV-1 |
| <input type="checkbox"/> PIV | <input type="checkbox"/> HSV-2 |
| <input type="checkbox"/> Measles | <input type="checkbox"/> VZV |
| <input type="checkbox"/> Rhinovirus | <input type="checkbox"/> EBV |
| <input type="checkbox"/> Adenovirus | <input type="checkbox"/> CMV |
| <input type="checkbox"/> Papillomaviruses | <input type="checkbox"/> HHV-6 |
| <input type="checkbox"/> BK Virus | <input type="checkbox"/> HHV-8 |
| <input type="checkbox"/> Tacaribe | |