# HUMAN GENE AND CELL THERAPY FACILITY NEW USER APPLICATION FORM

## PRINCIPAL INVESTIGATOR:

Department:

Phone:

Email:

SPONSOR:

FULL PROTOCOL TITLE:

Attach a copy of the Protocol (check box):

**IRB PROTOCOL NUMBER:** 

**IRB CURRENT STATUS:** 

**\*ISPRC/CTSI SRC STATUS:** 

**IBC REFERENCE NUMBER:** 

**IBC PROTOCOL STATUS:** 

NIH/OBA/RAC APPROVAL NUMBER:

### NIH/OBA/RAC STATUS:

FDA IND Status:

Total accrual target (# subjects):

Anticipated usage over 12 months (#hours)

Anticipated trial duration (# years):

Gene Transfer Protocol:	Yes	No
Positive pressure room request:	Yes	No
Negative pressure room request:	Yes	No

Please list trained lab personnel who will use the facility. (Attach additional sheet as necessary.)

Special equipment needs:

## PROTOCOL DETAILS:

List the material to be used in the facility:				
Human PBSC:	Human Bone M	arrow:		
Recombinant Lentiviral vector:	Recombinant re	etroviral	vector:	
Mammalian expression vector:	Other:			
Brief summary of protocol: (one paragraph only)				
Human materials known or suspected to contain any infect	ious agent(s):		Yes	No
If yes, List infectious agents:				
Are cells genetically engineered:		Yes	No	
Was a virus used to transfer genetic information?		Yes	No	

If yes, described the virus:

#### **HGCTF ACCESS**

Approved self-service users will be given an access card that must be returned upon completion of the protocol. Access will be limited to the space assigned to the users, for the days the use is scheduled.

Users will be charged for lost or unreturned cards.