

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

\*ISPRC (for oncology) OR CTSI SRC (for non-oncology) approval is required for gene medicine and cancer trials.

