

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

