

GOOD MANUFACTURING PRACTICE/HUMAN GENE AND CELL THERAPY PROGRAM
LAB APPLICATION FORM
<http://www.cancer.ucla.edu/GMP>

PRINCIPAL INVESTIGATOR:

Department:

Phone:

Email:

SPONSOR:

FULL PROTOCOL TITLE:

IRB PROTOCOL NUMBER:

IRB CURRENT STATUS:

*ISPRC 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 (12 months): days

Anticipated trial duration (total usage):

Gene Transfer Protocol: yes no

Positive pressure room request: yes no

Negative pressure room request: yes no

Full Service or Self Service (if Self Service, list trained lab personnel). Attach additional sheet as necessary:

Special equipment needs:

*ISPRC approval is required for gene medicine and cancer trials.

REQUIRED BILLING INFORMATION

INTERNAL/UCLA USERS

PRINCIPAL INVESTIGATOR:

Department:

Phone:

Email:

LAB CONTACT:

Department:

Phone:

Email:

FUND MANAGER:

Department:

Phone:

Email:

Funding source (FAU):

EXTERNAL USERS

COMPANY:

PRINCIPAL INVESTIGATOR:

Email:

Phone:

ADDITIONAL CONTACT:

Email:

Phone:

ACCOUNTS PAYABLE:

Email:

Phone:

Make checks payable to: **UC Regents**

NOTE: please reference the invoice number and "GMP" on the check

Mail checks to:

UCLA David Geffen School of Medicine/Jonsson Comprehensive Cancer Center (JCCC)

c/o Freda Rutherford

700 Tiverton Avenue, 8-684 Factor Building

Los Angeles CA 90095-1781

GMP SUITE ACCESS

Approved full 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.

Units will be charged for lost or unreturned cards.