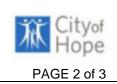


Center for Applied Technology PROJECT INITIATION FORM #110B

SE		SECTION	ECTION 1: TO BE COMPLETED BY PROJECT INITIATOR							
Date:		Initiator:		Phone:						
Type of Request		□ Initial Request								
Type of Keq	uest	□ Revision to Project: CATD-#### Type of Revvision (Check that apply): □ Deliverables □ Process □ Budget								
		□ Other (Specify)								
Principal Investigator:				Phone:						
Contacts listed below will be recipient of product CofA and product summaries. They will be contacted during signi manufacturing or operational changes and will be responsible for request of documentation and product shipmen										
Primary Contact:			Phone:							
Secondary Contact:				Phone:						
Department/ Division:										
Project Title:										
Service Request (Check that apply):			 □ Manufacturing by CBG Staff □ Room Usage □ QS Support □ Other (Specify): 							
Requested Projec	ct Start D	Date:								
Type of Production (Check that apply):		□ Plas □ Cellı □ Fill 8	□ Viral Vector Production □ Plasmid Production □ Cellular Production □ Fill & Finish Production							
Product Name:		Product	Product name (Long version):							
		Enter ab	Enter abbreviated (Short version of) product name, if product name will not fit on label. Check if not applicable.							
IRB#/ IBC#										
Amount of Product Needed:		ed:								
Dose (Concentration):										
Volume per Vial										
Type of Vial										
Final Formulation: (i.e. PBS, Sterile Saline, WFI, TE, 4% Lactose in PBS)		4%								
Storage Tempera	ture:									
PI Comments/ Special Requests (i.e. SOP Development, off-hours access, utility requirements, special equipment needs)										



CATD Sr. Vice President

Center for Applied Technology PROJECT INITIATION FORM #110B

CATD Project Code:										
Project Summary:										
Production Suite(s) Needed:										
Target Start Date:										
ESTIMATED PROJECT COSTS										
GMP Production										
CBG Room Charges (Room Rates are Subsidized I										
Supply Costs										
3rd Party Release Testing* *3rd party release testing is estimate or	o change									
Other (additional FTE, Equipment	- consumpt									
GMP Production Total										
Stability Study										
CBG Room Charges										
Supply Costs										
3rd Party Release Testing										
Other (additional FTE, Equipment 6										
Stability Total										
Comments:										
SECTION 2: Signatures										
REVIEWED BY	INI	TIAL & DATE		REVIEWED BY		INITIAL & DATE				
Director, Manufacturing				CATD Business Manager						
Director, Quality Systems				CATD Project Coordinator						
SECTION 3: ACCOUNT INFO & FINAL SIGNATURES										
Principal Investigator										
Account Number to be Char	ged:									
Principal Investigator		DATE								
Center for Applied Technology Development										

DATE

SECTION 2: TO BE COMPLETED BY THE CATD