

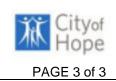
## Center for Applied Technology PROJECT INITIATION FORM #110B

		<b>SECTION</b>	ECTION 1: TO BE COMPLETED BY PROJECT INITIATOR				
Date:		Initiator:		Phone:			
Type of Request		□ Initial Request □ Revision to Project: CATD-#### Type of Revvision (Check that apply): □ Deliverables □ Process □ Budget □ Other (Specify)					
Principal Ir	vestigator:			Phone:			
			be recipient of product CofA and product summaries. They will be contacted during significant				
		erational ch	ional changes and will be responsible for request of documentation and product shipment(s).				
Primary Co	ontact:			Phone:			
Secondary	Contact:			Phone:			
Departmen	nt/ Division:						
Project Tit	le:						
Service Request (Check that apply):			<ul> <li>□ Manufacturing by CBG Staff</li> <li>□ Room Usage</li> <li>□ QS Support</li> <li>□ Other (Specify):</li> </ul>				
Requested	Project Start [	Date:					
Type of Production (Check that apply):		□ Plas □ Cellı □ Fill 8	☐ Viral Vector Production ☐ Plasmid Production ☐ Cellular Production ☐ Fill & Finish Production  Transfer PDNA name:				
Product Na	anie.	Transici	Transfer pDNA name:				
		Product	Product name (Long version):				
		Enter ab	Enter abbreviated (Short version of) product name, if product name will not fit on label. <i>Check if not applicable</i> .				
Vector Size	2						
Parent Virus or Plasmid							
Name of Gene Insert							
Source of Genes or DNA Sequence (Human, Rat, HIV)		IIV)					
Function of Gene							
Oncogene		□ Yes	□ Yes □ No				
Toxin		□ Yes	□ Yes □ No				
Protein or Nucleic Acid Produced							
IRB#/ IBC#							
Amount of Product Neede		ed:					



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I AGE 2 013						
Dage (6						
Dose (Concentration):						
Volume per Vial						
Type of Vial Final Formulation:						
(i.e. PBS, Sterile Saline, WFI, TE, 49 Lactose in PBS)	%					
Storage Temperature:						
		_				
PI Comments/ Special Req	uests (i.e. SOP D	evelopme	nt, off-hours acces	s, utility requiremen	ts, special equipment needs)	
	SECTION	2: TO I	BE COMPLETI	ED BY THE CATI		
CATD Project Code:						
Project Summary:						
Production Suite(s) Need	ded:					
Target Start Date:						
ESTIMATED PROJECT COSTS						
GMP Lenti-Production						
CBG Room Charges (Room Rates are Subsidia	zed by the CAT)					
Supply Costs						
3rd Party Release Testing* *3rd party release testing is estimate.	o change					
Other (additional FTE, Equipm						
<b>GMP Production Total</b>						
			Stability Study			
CBG Room Charges						
Supply Costs						
3rd Party Release Testing						
Other (additional FTE, Equipment etc.)						
Stability Total						
Comments:						



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SECTION 2: Signatures						
REVIEWED BY	INITIAL & 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 Charged:					
Principal Investigator		DATE			
Center for Applied Technology Development					
CATD Sr. Vice President		DATE			

Rev: 09-30-15