



Center for Applied Technology
PROJECT INITIATION FORM #110B

SECTION 1: TO BE COMPLETED BY PROJECT INITIATOR

Date:		Initiator:		Phone:	
Type of Request	<input type="checkbox"/> Initial Request <input type="checkbox"/> Revision to Project: CATD-#### <i>Type of Revision (Check that apply):</i> <input type="checkbox"/> Deliverables <input type="checkbox"/> Process <input type="checkbox"/> Budget <input type="checkbox"/> Other (Specify) _____				
	Principal Investigator:		Phone:		
	Contacts listed below will be recipient of product CofA and product summaries. They will be contacted during significant manufacturing or operational changes and will be responsible for request of documentation and product shipment(s).				
Primary Contact:		Phone:			
Secondary Contact:		Phone:			
Department/ Division:					
Project Title:					
Service Request <i>(Check that apply):</i>	<input type="checkbox"/> Manufacturing by CBG Staff <input type="checkbox"/> Room Usage <input type="checkbox"/> QS Support <input type="checkbox"/> Other <i>(Specify):</i> _____				
Requested Project Start Date:					
Type of Production <i>(Check that apply):</i>	<input type="checkbox"/> Viral Vector Production <input type="checkbox"/> Plasmid Production <input type="checkbox"/> Cellular Production <input type="checkbox"/> Fill & Finish Production				
Product Name:	Transfer pDNA name:				
	Product name (Long version):				
	Enter abbreviated (Short version of) product name, if product name will not fit on label. <i>Check if not applicable.</i>				
Vector Size					
Parent Virus or Plasmid					
Name of Gene Insert					
Source of Genes or DNA Sequence (Human, Rat, HIV)					
Function of Gene					
Oncogene	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Toxin	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Protein or Nucleic Acid Produced					
IRB#/ IBC#					
Amount of Product Needed:					



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Dose (Concentration):	
Volume per Vial	
Type of Vial	
Final Formulation: (i.e. PBS, Sterile Saline, WFI, TE, 4% Lactose in PBS)	
Storage Temperature:	

PI Comments/ Special Requests (i.e. SOP Development, off-hours access, utility requirements, special equipment needs)

SECTION 2: TO BE COMPLETED BY THE CATD

CATD Project Code:	
Project Summary:	
Production Suite(s) Needed:	
Target Start Date:	

ESTIMATED PROJECT COSTS

GMP Lenti-Production		
CBG Room Charges (Room Rates are Subsidized by the CAT)		
Supply Costs		
3rd Party Release Testing* <small>*3rd party release testing is estimate only and subject to change</small>		
Other (additional FTE, Equipment etc.)		
GMP Production Total		

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	