

Intake Form for Industry Sponsors

To receive an estimate, please complete this form and email it to ASCCDataManager@ucsd.edu.

1.	Person completing this fo	orm:	
	☐ Industry representativ	е	
	☐ CRO representative		
2.	Contact information:		
	Name:		
	Company:		
	Title:		
	Email:	· · · · · · · · · · · · · · · · · · ·	
3.	Product type (check all th	nat apply):	
	☐ Stem cell	☐ Other cell	☐ Gene therapy
	☐ Biologic	☐ Device	☐ Cancer stem cell targeting therapy
	☐ Small molecule	☐ Immunotherapy	□ Combination therapy
	□ Other:		
4.	Trial phase (check all tha	t apply):	
	☐ Phase I	☐ Phase II	□ Phase III
	☐ Combination	□ Pilot	□ Not applicable
	□ Other:		
5.	Current FDA status:		
	☐ Pre-IND	☐ IND-Submitted	☐ IND-Active
	□ PRE-IDE	☐ IDE-Submitted	□ IDE-Active
	□ IDE-Exepmt		
6.	Special designation:		
	☐ Fast track	☐ Breakthrough therapy	☐ Priority review
	☐ Accelerated approval ☐ Regenerative Medic		Advanced Therapy (RMAT)



7.	linicalTrials.gov identifier or NCT # (if applicable):		
8.	Anticipated trial start date (mm/dd/yy):		
9.	. Funding status:		
	☐ Funding secured – Indicate funding source here:		
	☐ No funding yet but have a funding plan		
10	.Services being requested (check all that apply):		
	☐ Identification of a UC San Diego Principal Investigator		
	☐ A confidentiality or non-disclosure agreement with UC San Diego		
	☐ Information on UC San Diego infrastructure available for Regenerative Medicine clinical trials		
	For product manufacturing or inquiries about product storage capabilities, contact Advanced Cell		
	Therapy Laboratory (ACTL) at 858-249-0244 or actl@ucsd.edu .		
	If regulatory consult for pre-IND or IND application needed, email Vickie Sheckler at		
	vsheckler@ucsd.edu.		
11	.Disease indication:		
12	.Project title (optional):		