

### Industry Intake Form

**Directions:** To receive an estimate, please complete this form and email it to [ASCCDataManager@ucsd.edu](mailto:ASCCDataManager@ucsd.edu).

---

---

For product manufacturing or inquiries about product storage capabilities, contact Advanced Cell therapy Laboratory (ACTL) at 858-249-0244 or [actl@ucsd.edu](mailto:actl@ucsd.edu).

If regulatory consult for Pre-IND or IND application needs, email Vickie Sheckler at [vsheckler@ucsd.edu](mailto:vsheckler@ucsd.edu).

For database management, email team at [ASCCDataManager@ucsd.edu](mailto:ASCCDataManager@ucsd.edu).

---

---

#### 1. Individual completing this form

Industry Representative       CRO Representative

#### 2. Your Information

Name:	
Company:	
Title/Role:	
Phone Number:	
Email Address:	

#### 3. Project Information

Project Title:	
Mechanism of Action:	
Disease Indication:	

#### 4. Trial Phase (check all that apply)

Pilot       Combination: Phase I/II       Other: \_\_\_\_\_

Phase I       Phase III

Phase II       Not Applicable

**5. Product Type (check all that apply)**

- Biologic
- Device
- Other Cell
- Cancer Stem Cell Targeting Therapy
- Gene Therapy
- Other: \_\_\_\_\_
- Combination Therapy
- Immunotherapy
- Stem Cell, complete question 5A

**5A. If stem cell, what type of stem cell?**

- Cord Blood Stem Cell
- Hematopoietic Stem Cell
- Neural Stem Cell
- Embryonic Stem Cell
- Induced Pluripotent Stem Cell
- Other: \_\_\_\_\_

**6. Financial Source**

- Industry Sponsored
- Funding secured, list funding source: \_\_\_\_\_
- Funding secured and plans for additional funding. List funding source: \_\_\_\_\_
- No funding yet, but have a funding plan.

**7. Have you applied for CIRM funding?**

- Yes, complete questions 7A-D
- No, but pursuing
- No
- Not Applicable

**7A. If yes, which CIRM funding?**

- TRAN
- CLIN 1
- CLIN 2

**7B. Please select CIRM funding status**

- Application Preparation
- Grant Approval
- GWG Review
- Notice of Award
- ICOC Review
- Other: \_\_\_\_\_

**7C. Please provide CIRM information**

Grant Number (if applicable):	
CIRM funding amount:	

**7D. List the CIRM representative(s) contact information you have been in discussions with**

CIRM Rep Full Name:	
CIRM Rep Email:	

**8. Select Current FDA Status**

- Pre-IND                       Pre-IDE                       IDE-Exempt
- IND-Submitted               IDE-Submitted
- IND-Active                     IDE-Active

**9. Special Designation (if applicable)**

- Accelerated Approval       Fast Tack (FDA)               Other: \_\_\_\_\_
- Breakthrough Therapy       Priority Review
- Fast Lane (Moores Cancer Center)     Regenerative Medicine Advanced Therapy (RMAT)

10. 

Clinicaltrials.gov identifier NCT # (if applicable):	
--	--

11. 

Anticipated start date of trial:	
----------------------------------	--

**12. 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
- Support for Diversity, Equity, and Inclusion (DEI)

**13. Source of Referral: How did you learn about us?**

CIRM Representative

UCSD Employee (not at Sanford Stem Cell Institute)

UCSD Sanford Stem Cell Institute Employee

Colleague/Friend

Other: \_\_\_\_\_

Patient Advocate

Internet Search/Website

Social Media

News Article