# UCSD 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).

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## 1. Your Information

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
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<tbody>
<tr>
<td>Company:</td>
</tr>
<tr>
<td>Title/Role:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Email Address:</td>
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</tbody>
</table>

## 2. Project Information

<table>
<thead>
<tr>
<th>Primary Investigator Name:</th>
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<tbody>
<tr>
<td>Primary Investigator Email:</td>
</tr>
<tr>
<td>Project Title:</td>
</tr>
<tr>
<td>Mechanism of Action:</td>
</tr>
<tr>
<td>Disease Indication:</td>
</tr>
</tbody>
</table>

## 3. Trial Sponsor (provide name of Sponsor)

<table>
<thead>
<tr>
<th>Investigator Initiated:</th>
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<tbody>
<tr>
<td>Industry Sponsored:</td>
</tr>
</tbody>
</table>
4. Trial Phase (check all that apply)

- [ ] Pilot
- [ ] Phase I
- [ ] Phase II
- [ ] Combination: Phase I/II
- [ ] Not Applicable

5. Product Type (check all that apply)

- [ ] Biologic
- [ ] Device
- [ ] Cancer Stem Cell Targeting Therapy
- [ ] Gene Therapy
- [ ] 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

<table>
<thead>
<tr>
<th>Grant Number (if applicable):</th>
<th>CIRM funding amount:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>CIRM Rep Full Name:</th>
<th>CIRM Rep Email:</th>
</tr>
</thead>
</table>

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)
- [ ] 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)

- Diversity, Equity, and Inclusion (DEI) Support
- Operational Support
- Reconciliation of Coverage Analysis from OCAA
- Study Coordination
- Data Management
- Project Management
- Regulatory Support
- Trial Budget Creation

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