MEDIZINISCHE FAKULTÄT • UNIVERSITÄT MÜNSTER

Project Intake Form

Core Unit Stem Cell Technologies (SCT)

Please complete this form and submit it via email to the SCT coordination team to initiate your project discussion.

1. Customer Information

Contact Name: _____

PI / Head of Lab: _____

Department / Group: _____

E-Mail Address: _____

Phone: _____

Kostenstelle / Fondsnr. (for internal users only): _____

2. Project Information

Project Title: _____

Brief Project Description (Please include the core scientific hypothesis and research question):

3. Technologies & Services of Interest

Please check all services required for this project:

- [ ] **iPSC Line Reprogramming**
- [ ] **Genome Editing**
- [ ] **Quality Control (QC) Only**
- [ ] **iPSC Procurement**
- [ ] **Specialized Differentiation Services**

4. Biological Material & Sample Information

Starting Material Provided by User:

- [ ] Patient / Donor Samples (e.g., vital frozen PBMCs / fibroblasts)
- [ ] Established iPSC Lines (User-provided)

Cohort / Sample Size:

_____

Biosafety & Ethics:

Is an ethical approval (Ethikvotum) required and available? [ ] Yes [ ] No [ ] Under Review

Biosafety level of starting material: [ ] S1 [ ] S2

5. Project Timeline & Remarks

Expected Timeline / Urgency (When will starting materials be ready for transfer?):

Customer Comments and Remarks (Specific differentiation protocols, clone preferences, etc.):

TO BE FILLED BY SCT-IZKF STAFF

Form received by: _____

Date of meeting: _____

Assigned Project ID: _____

Project Status: [ ] Approved [ ] Under Revision [ ] Declined