**ACT questionnaire (to be made as online form)**

1. **Project title**
2. **PI or Responsible person**

*name, affiliation and contacts*

1. **Sponsor or funding information**
2. **Scientific background and preliminary data (max 1 A4 page either attachment or text box)**

*Describe the scientific background and the data collected in vivo and in vitro if appropriate*

1. **Support needed? (Multiple choice + free text)**
* Process development
* Regulatory support
* Manufacturing support
* ……
* Other
1. **Summary of the project (text boxes)**

*Fill all the relevant sections to the best of knowledge*

* 1. **Rationale/therapeutic concept**
	2. **IP status/Ownership of data**
	3. **Regulatory status**
	4. **Ethical permits/Biobank permits**
	5. **Manufacturing Process including currents methods used**
	6. **Equipment required (inside the ACT and in other facilities)**
	7. **Reagents required**
	8. **Estimated time requested (range) and proposed starting date**
	9. **Expected results/outcome**
	10. **….**
1. **Risk assessment for the project (free text box)**

*Indicate major areas in the project where risk factors have been identified (e.g. technical difficulties, source of material, clinical trial planning, etc)*

1. **Other comments/requests (free text box)**