



Gene Therapy Resource Program

Funded by the National Heart, Lung, and Blood Institute

To access this RSA form, please use one of the following links:

- Approved GTRP investigators - <https://www.gtrp.org/Public/RSA/Default.aspx>
- All other investigators - <https://www.gtrp.org/Public/InvestigatorRegistration/>



**Immunology Testing
Request for Service Application (RSA)**

Provide the information requested in this form below and save it as a Microsoft® Word document. You will need to Upload the completed document as noted in the Immunology RSA instructions and save and submit your RSA. You will have an opportunity to edit this document following discussion with the laboratory staff.

SECTION I				
The RSA Number was generated by the GTRP database. If your browser is still open, minimize this Word document to reference the RSA number.				
1. RSA Number:				
2. Investigator Name:		3. Phone contact #:		
4. Investigator's Institution:		5. Email address:		
SECTION II				
Please provide the following information about the gene therapy study you conducted.				
1. Study Title:				
2. Study Abstract (brief):				
3. Study Rationale (brief):				
4. Study Design:	Include route of administration and dose/schedule.			
5. The study is related to: Place an "X" in front of one:	Heart	Lung	Blood	Other: <small>Specify "other".</small>
6. Targeted Disease:				
7. Target Organ(s), Tissues, Cells, etc:				
8. Vector used:				
9. Gene used:				
10. Promoter used:				
11. Transgene Product:				
12. Did you submit other RSAs related to this?	Enter Yes or No:		If yes, please list RSA number(s):	RSA Number(s):

13. Did your Institutional BioSafety Committee approve this study?	Enter Yes or No:		If yes, provide date.	Date:
			If no, please explain.	
14. Indicate your current and pending funding for this research study/project.	Specify funding source (NHLBI, Other NIH Institute), Industry (specify); funding amount; and funding period.			

SECTION III
Please provide the following information regarding the immunology assays you are requesting.

RSA Number:	
Instruction for completing:	1. Place a check or "x" in front of each assay you are requesting. 2. For each assay requested provide the information specified, related to your plans to submit tissue for testing.

Neutralizing antibodies (NAb) (serum only)

	To AAV Indicate serotype: _____	1. Test animal species:	
		2. Number of animals:	
		3. Sample harvest time points (day, week, month):	
		4. Number of samples per time point:	
		5. Total number of samples:	
		6. Attach animal IDs indicating time point:	
		7. Sample shipment/s expected (Date):	
		8. Results needed by (Date):	
	To Adenovirus Indicate serotype: _____	1. Test animal species:	
		2. Number of animals:	
		3. Sample harvest time points (day, week, month):	
		4. Number of samples per time point:	
		5. Total number of samples:	
		6. Attach animal IDs indicating time point:	
		7. Sample shipment/s expected (Date):	
		8. Results needed by (Date):	
	To Lentivirus	1. Test animal species:	
		2. Number of animals:	
		3. Sample harvest time points (day, week, month):	
		4. Number of samples per time point:	
		5. Total number of samples:	
		6. Attach animal IDs indicating time point:	
		7. Sample shipment/s expected (Date):	
		8. Results needed by (Date):	

Interferon gamma (IFN γ) ELISpot

	With Viral stimulant. Indicate antigen/s: _____	1. Test animal species:	
		2. Number of animals:	
		3. Source of lymphocytes:	
		4. Sample harvest time points (day, week, month):	
		5. Number of samples per time point:	

		6. Total number of samples:	
		7: Attach animal IDs indicating time point:	
		8. Sample shipment/s expected (Date):	
		9. Results needed by (Date):	
	With Peptide stimulant. Indicate antigen/s: _____	1. Test animal species:	
		2. Number of animals:	
		3. Source of lymphocytes:	
		4. Sample harvest time points (day, week, month):	
		5. Number of samples per time point:	
		6. Total number of samples:	
		7: Attach animal IDs indicating time point:	
		8. Sample shipment/s expected (Date):	
		9. Results needed by (Date):	
	With Viral and Peptide stimulants. Indicate antigen/s: _____	1. Test animal species	
		2. Number of animals:	
		3. Source of lymphocytes	
		4. Sample harvest time points (day, week, month):	
		5. Number of samples per time point:	
		6. Total number of samples:	
		7: Attach animal IDs indicating time point:	
		8. Sample shipment/s expected (Date):	
		9. Results needed by (Date):	
Intracellular cytokine staining (ICS) with 5 colors			
	With Viral stimulant. Indicate antigen/s: _____	1. Test animal species:	
		2. Number of animals:	
		3. Source of lymphocytes:	
		4. Sample harvest time points (day, week, month):	
		5. Number of samples per time point:	
		6. Total number of samples:	
		7: Attach animal IDs indicating time point:	
		8. Sample shipment/s expected (Date):	
		9. Results needed by (Date):	
	With Peptide stimulant. Antigen/s: _____	1. Test animal species:	
		2. Number of animals:	
		3. Source of lymphocytes:	
		4. Sample harvest time points (day, week, month):	
		5. Number of samples per time point:	
		6. Total number of samples:	
		7: Attach animal IDs indicating time point:	
		8. Sample shipment/s expected (Date):	
		9. Results needed by (Date):	

SECTION IV Lymphocyte Isolation	
1. Test animal species	
2. Number of animals:	
3. Sample submitted (tissue or blood):	
If tissue, indicate tissue type:	
4. Sample harvest time points (day, week, month):	
5. Number of samples per time point:	
6. Total number of samples:	
7. Attach animal IDs indicating time point:	
8. Sample shipment/s expected (Date):	

SECTION V Please provide the following general information.	
1. Describe your plans for harvesting, storing and shipping your specimens.	<ul style="list-style-type: none"> -Serum has to be shipped on dry ice for overnight delivery -Blood has to be collected on heparin (green top) tubes and shipped at room temperature for overnight delivery -Spleen has to be harvested in medium and shipped on ice for overnight delivery
2. Provide any additional information that may be helpful in reviewing your request.	