

**APPENDIX A  
SAMPLE SUBMISSION FORM**

This Sample Submission Form is governed by the terms of the Viral Vector Core Services Agreement, dated \_\_\_\_\_, 2021, between Company and UMass.

**Company Name:**

**Project Name:**

**Project Number:**

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**Technical Representative (Company):**

**Contact Information:**

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**Study Director (UMass):**

**Contact Information:**

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**Purpose:**

**Deliverables:**

**Materials:**

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**Prices and Payment Terms**

Project Costs and Prices:

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Payment Schedule:

\_\_\_% shall be invoiced upon execution of this Submission Form

\_\_\_ % shall be invoiced upon delivery of Report containing image analysis

Payments shall be made to:

“The University of Massachusetts” and shall be sent to: UMass Medical School, Office of the Bursar, 55 Lake Avenue North, Worcester, MA 01655.

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UMass and Company have caused this Submission Form to be executed by their duly authorized representatives as of \_\_\_\_\_, 2021

**COMPANY**

**UNIVERSITY OF MASSACHUSETTS**

BY: \_\_\_\_\_

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: Partha Chakrabarti

TITLE: \_\_\_\_\_

TITLE: Executive Vice Chancellor, Innovation and Business Development