



Research Product or Service Request

Name of Head of Lab/Department:	<input type="checkbox"/> MD <input type="checkbox"/> PhD <input type="checkbox"/> MS <input type="checkbox"/> Other
Email:	Phone:
Institution Name:	Institution Phone:

Shipping Address	Billing Address
Attention:	Attention:
Street:	Street:
City:	City:
State:	State:
Zip:	Zip:
	Billing Email:
	Billing Fax:

Regulatory: <input type="checkbox"/> FDA Phase I Trial <input type="checkbox"/> FDA Phase II Trial <input type="checkbox"/> IRB Approved Protocol
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Brief description of planned use of requested blood products:
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Funding:	<input type="checkbox"/> Private	<input type="checkbox"/> Venture Capital
	<input type="checkbox"/> University	<input type="checkbox"/> Foundation
	<input type="checkbox"/> NIH-RO1	<input type="checkbox"/> NIH-SBIR

BLOOD PRODUCTS

All products are tested for relevant infectious diseases. Test results for Fresh* untested products will be sent within 48 hours.

Blood Product Use:

Research
 Clinical
 Development of a Licensed Drug or Device

Product	Shipping Temperature	Product Information	Additional Services
<input type="checkbox"/> Buffy Coat # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh* <input type="checkbox"/> Next day	<input type="checkbox"/> PBMC Isolation <input type="checkbox"/> Donor Demographics
<input type="checkbox"/> Red Blood Cells # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh* <input type="checkbox"/> In-Date <input type="checkbox"/> Expired	<input type="checkbox"/> Irradiated <input type="checkbox"/> Donor Demographics
<input type="checkbox"/> Whole Blood # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Overdrawn WB Unit <input type="checkbox"/> Fresh* Whole Blood Unit	<input type="checkbox"/> Irradiated <input type="checkbox"/> Donor Demographics
<input type="checkbox"/> Platelets # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	<input type="checkbox"/> Fresh*	<input type="checkbox"/> Irradiated <input type="checkbox"/> Pooled <input type="checkbox"/> Donor Demographics
<input type="checkbox"/> Plasma, RPF # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Frozen	N/A	<input type="checkbox"/> Donor Demographics
<input type="checkbox"/> Tube, EDTA # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh* <input type="checkbox"/> Tested	<input type="checkbox"/> Plasma Aliquot <input type="checkbox"/> PBMC Isolation
<input type="checkbox"/> Tube, No Additive # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh* <input type="checkbox"/> Tested	<input type="checkbox"/> Serum Aliquot <input type="checkbox"/> PBMC Isolation

<input type="checkbox"/> Tube, Custom Collection # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh* <input type="checkbox"/> Tested	<input type="checkbox"/> Infectious Disease Testing
<input type="checkbox"/> Cord Blood Hematopoietic Stem Cells # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	<input type="checkbox"/> As Collected	<input type="checkbox"/> RBC Reduced with Hespan <input type="checkbox"/> 10% DMSO Cryopreserved <input type="checkbox"/> PBMC Isolation
<input type="checkbox"/> Apheresis Hematopoietic Stem Cells # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	<input type="checkbox"/> TNC ____ X 10 ¹⁰ <input type="checkbox"/> CD34 _____ X10 ⁸	<input type="checkbox"/> Neupogen Mobilization <input type="checkbox"/> Mozobil Mobilization
<input type="checkbox"/> Apheresis Mononuclear Cells # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	<input type="checkbox"/> TNC ____ X 10 ¹⁰	<input type="checkbox"/> Custom Flow Cytometry <input type="checkbox"/> Viability <input type="checkbox"/> Sterility
<input type="checkbox"/> LRS Chambers # Needed ____/ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Room Temp <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Fresh* <input type="checkbox"/> Next day	<input type="checkbox"/> PBMC Isolation <input type="checkbox"/> Donor Demographics

Special Request:

LABORATORY SERVICES

Infections Disease Testing includes:

Serological:
 Hepatitis B
 Hepatitis C
 HIV
 Chagas
 HTLV 1 & 2
 Syphilis

NAT:
 Hepatitis B
 Hepatitis C
 HIV
 West Nile

Additional testing needed:

CD34+ Assay
 CD3+ Assay
 7AAD+ Assay
 Serological ABORh, RBC Antibody

Processing:
 PBMC Isolation
 Cell Culture
 Flow Cytometry
 Custom

RESEARCH SERVICES

Test Subject acquisition and IRB Services are available for your Research Protocol.

Service	Specifications
Volunteer Subjects # Needed _____/ <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Week	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both <input type="checkbox"/> Either <input type="checkbox"/> Medical History Characteristic: _____ <input type="checkbox"/> Behavior Characteristic: _____ <input type="checkbox"/> Procedure: _____ <input type="checkbox"/> Lab Value: _____ <input type="checkbox"/> Medication History: _____ <input type="checkbox"/> Other Requirements: _____
Institutional Review Board Approval	<input type="checkbox"/> Regular <input type="checkbox"/> Expedited
Phlebotomy	<input type="checkbox"/> Sample Tubes <input type="checkbox"/> Unit Collection
Research Protocols	<input type="checkbox"/> Scientific Consultations <input type="checkbox"/> Technical Writing <input type="checkbox"/> FDA Submissions

Please check to acknowledge that you have read the following statement:

The blood products provided by the BioSharing Network (BSN) cannot be used for purposes that violate IRB-approved protocols, FDA rules and regulations, or any US or international laws. No blood product provided by BSN shall be used for direct in-human use. Blood products can only be used for the further manufacture of another product or therapy if specifically labeled for this use. Notification to BSN is required to transition from using a blood product for research to the further manufacture of another product or therapy.

Please check if you would like a statement of work or memo of understanding developed between BSN and your institution.

Email completed form to info@BioSharingNetwork.com.