RESEARCH: PRODUCT OR SERVICE REQUEST

Scientist Name:	☐ MD ☐ PhD ☐ MS
Scientist Email:	Phone:
Institution Name:	Phone:

Institution Address: Street 1: Street 2: City: State: ZIP:	Billing Address: ☐ Same as Institution Street 1: Street 2: City: State: ZIP:

Purchase Order Number: _____

Institutional Type: ☐ Academic ☐ Governmental ☐ Not for Profit ☐ Corporation

Regulatory: ☐ IRB Approved Protocol ☐ FDA Phase I Trial ☐ FDA Phase II Trial

Brief Description of Protocol:

How will biological material obtained from Bio-Sharing.org be used?:

Funding: ☐ Private ☐ Venture Capital ☐ University ☐ NIH-RO1 ☐ NIH-SBIR ☐ Foundation

Attach & submit completed request to order form on Bio-Sharing.org (Email will be sent to info@bio-sharing.org)

CONDITIONS: Researcher and research institute agree that research using blood units and or human subjects are subject to FDA rules and regulations. These requirements will be identified in a written agreement between Bio-Sharing, LLC, and or one of its participating members and the researcher and or Institution, before products or services can be released.

Signature of Scientist: _____ Date: _____