

Sample Collection Order Form

Email completed form to: Info@BioSharingNetwork.com

Requesting Company:	
Primary Contact and/or Lab Name:	
Person Placing Order:	
Delivery / Pick-up Date:	

# of donors needed	Sample Collection / Infectious Disease Testing Options	Price/Donor*
	No Testing: Tubes drawn from random blood donor. No infectious disease testing performed. Donor demographics included.	\$105
	90-day Testing: Tubes drawn from donor that has donated and/or been tested within the last 90 days. Donor demographics included.	\$120
	Testing: Tubes drawn from a random blood donor. Infectious disease testing performed. Donor demographics included.	\$185
*The above pricing is for random donors. For specific demographics (requested below) an upcharge will apply.		

Donor Requirements			
Age Range:		Gender:	
CMV +/- :		Other:	

Tube Requirements	
Tube Type & Size <i>(Ex: K2EDTA 6mL, NaHep 10mL)</i>	
# of Tubes Needed/ Total Volume in mL	
Write Collection Time on Tubes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Processing <i>(Ex: spin, pour-off, freeze)</i> An upcharge will apply.	

Shipping/Pick-up Information
<input type="checkbox"/> Product(s) will be picked up at BSC Center. Phone number to call/text when order is ready for pick up: For pick-up orders, please fill out all fields below except FedEx Account Number and Delivery Time.

Note: A shipping charge will be added if no FedEx account number is provided

FedEx Account Number:			
Shipping Temperature:	<input type="checkbox"/> Ambient	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen
Delivery Time:	<input type="checkbox"/> 8:30am	<input type="checkbox"/> 10:30am	
Ship-to Company:			
Shipping Address:			
City:		State:	Zip:
Contact Person:		Phone Number:	

Billing Information – PO or Credit Card (Visa/MasterCard only)			
PO Number:			
CC Name:		CC Number:	
Exp. Date:		CVV Code:	