|  |
| --- |
| **Requestor Information** |
| **Date of Request:**  | Click here to enter text. |
| **Date of Delivery or Pick-Up:** | Click here to enter text. |
| **Requesting Organization:** | Click to enter name of requesting organization. |
| **Requestor Name:**  | Click to enter name of requesting organization. |
| **Telephone:** Click here to enter text. | **Fax:** Click here to enter text. | **E-mail:** Click here to enter text. |
|  |  |  |
| **Billing Information** |
| **Company Name:** | Click to enter Company Name. |
| **Billing Contact Name:** | Click to enter Billing Contact Name. |
| **Billing Address (include City, State, Zip):** | Click to enter Billing Address. |
| **Telephone:** Click here to enter text. | **Fax:** Click here to enter text. | **E-mail:** Click here to enter text. |
| **PO#**  | Click here to enter text. |
|  |  |
| **Shipping Information** |
| **Company Name:** | Click to enter Company Name. |
| **Shipping Contact Name:** | Click to enter Shipping Contact Name. |
| **Shipping Address (include City, State, Zip):** | Click to enter Shipping Address. |
| **Telephone:** Click here to enter text. | **Fax:** Click here to enter text. | **E-mail:** Click here to enter text. |
| [ ]  **Ship To This Address** Shipping Temperature: [ ]  Ambient [ ]  Ice Pack [ ]  Dry Ice [ ]  Other: Click here to enter text. |
| [ ]  **Pick Up by Requesting Organization** \*Pick-up can be arranged from the following locations: [ ]  638 N. 18th St, Milwaukee, WI 53233  [ ]  3450 N. Meridian St., Indianapolis, Indiana 46208  [ ]  3132 Olentangy River Road. Columbus, Ohio 43202  |
|  |
| **Intended Use information** |
| 1. Is the project and material use solely limited to quality assessments or quality improvements?  (For example, an activity conducted to assess, analyze, critique and/or improve current procedures)  | [ ] Yes [ ] No  |
| 2. Is the project intended to support the creation of data for an FDA submission under FDA regulations?  | [ ] Yes [ ] No  |
| 3. Do you have an IRB approval, exemption, or waiver of consent in order to use this blood or blood product?**If yes, please submit IRB approval, exemption, or waiver and/or the research protocol/summary.**  | [ ] Yes [ ] No |
| 4. Does the IRB expect the material is collected under an IRB-approved informed consent disclosing the material may be used for commercial purposes?  | [ ] Yes [ ] No |
| **Intended Use Description:**

|  |
| --- |
|  |
|  |
|  |

 |

**Return completed request form, protocol/summary and appropriate IRB documentation to** **biomaterials@versiti.org****.**

|  |  |
| --- | --- |
|  **Collection Information** |  |
| [ ]  **Apheresis Collections**  | [ ]  **Not Applicable** |
| **Type of Apheresis Units Needed:** [ ]  Platelet in 100% plasma [ ]  Plasma  • Dose: Click to enter text. • Volume: Click to enter text. [ ]  Red Cells [ ]  Leukocytes **Number of Units Needed:** Click to enter text.**Is a certain ABO type needed?** [ ]  Yes\* [ ]  No \*Specify ABO: Click to enter text. |
| [ ]  **Whole Blood Collections / Other Products from Whole Blood** | [ ] **Not Applicable** |
| **Number of Units Needed:** Click to enter text.**Is a certain ABO type needed?** [ ]  Yes\* [ ]  No \*Specify ABO: Click to enter text.**What anticoagulant should the unit(s) be drawn in?** Click to enter text.**Is processing needed on the unit(s)?**[ ]  **No – Whole Blood only**[ ]  **Yes – Specify:** [ ]  Buffy Coats [ ]  Platelet Rich Plasma (PRP) [ ]  Leukoreduced (filter)  [ ]  Split into components: Click to enter text. [ ]  Plasma Pooling - Number of units in a pool: Click to enter text. |
| [ ]  **Tube Collections** | [ ] **Not Applicable** |
| **Number of Donors:** Click to enter text. **Number of Tubes Per Donor:** Click to enter text.**Is a certain ABO type needed?** [ ]  Yes\* [ ]  No \*Specify ABO: Click to enter text.**What type of tube should they be drawn in (ex. EDTA-purple top)\*:** Click to enter text.**What volume of tube do these need to be drawn in (ex. 3mL)\*:** Click to enter text. |
| [ ]  **Saliva/Buccal Swab Collections** | [ ] **Not Applicable** |
| **Product Needed:**  [ ]  Saliva [ ]  Buccal Swabs**Number of Product(s) Needed:** Click to enter text.**Volume needed from each donor? (ex. 2mL/donor, 2 swabs/donor):** Click to enter text. |
| [ ]  **Any Other Blood Product or Biomaterial** | [ ] **Not Applicable** |
| **Product Requested:**  [ ]  Cones [ ]  Filters [ ]  Other: Click to enter text.**Number of Product(s) Needed:** Click to enter text. |

|  |
| --- |
| **Accompanying Data and Other Requirements: [Note: Not available for all products]** |
| **Describe any special requirements or characteristics necessary for the requested products:**

|  |
| --- |
|  |
|  |
| **Additional Comments (if you have any specific processing needs please let us know here):**

|  |
| --- |
|  |
|  |

 |

 |

**Please note:** *We cannot guarantee that any units picked up or shipped prior to completion of Infectious Disease Testing are negative (aka nonreactive).*

|  |
| --- |
| **FOR VERSITI USE ONLY** |
| **Written executed agreement confirmed?** [ ]  Yes [ ]  No (e.g. Material Transfer Agreement, Data Use Agreement or Research Material Supply Agreement) |
| **Appropriate Documentation Received?** [ ]  Yes [ ]  No (IRB Approval, IRB Protocol, IRB Non-Human Subject Determination, Letter of Intent, Biologics License Application) |
| **Proposed use of the biospecimen has legitimate scientific merit?** [ ]  Yes [ ]  No Name of individual making determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Medical Director [ ]  Laboratory Director [ ]  Scientific Director  |
| **Versiti Reviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_ |
| Versiti Reviewer Notes:  |
|  [ ]  Approved | Order Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  Not Approved |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signature below, this Work Order is agreed to and accepted by:**

**Versiti Wisconsin, Inc.**

By: .

Name:

Title:

Date:

 **[Recipient Scientist]**

 By: .