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| --- | --- | --- | --- | --- | --- | --- |
| **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**](mailto:biomaterials@versiti.org)**.**

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| **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. | |

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| **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).*

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| **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: .