**Instructions for requestor:**

Return this completed request, IRB protocol/summary/exemption, and letter of intent to [biomaterials@versiti.org](mailto:biomaterials@versiti.org).

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| **Requestor Information** | |
| **Requestor Organization** | **Requestor Name** |
|  |  |
| **Phone #** | **Email** |
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| **Billing Information** | | |
| **Company Name** | | **Billing Contact Name** |
|  | |  |
| **Billing Address** (include City, State, Zip) | **Telephone** | **E-mail** |
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| **Shipping Information**  (Completed byRequestor) | | | | | | |
| **Contact at Receiving Location**  (for shipping communications) | | | | | **Shipping Temperature** | |
| Name: |  | | | | Ambient  Ice Pack  Dry Ice  Other: | |
| E-mail: |  | | | |
| Telephone #: |  | | | |
| **Ship to** **Address** | | | | | | |
| Street address: | |  | | | | |
| City, State, Zip | |  | | | | |
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| **On-Site Pickup** for some products may be available at the Versiti Location listed below: | | | | | | |
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|  | | | **Location** | **Physical Address** | |  |
|  | | | Austin, Texas | 2111 W Braker Ln #200, Austin, TX 78758 | |  |
|  | | | Columbus, Ohio | 3132 Olentangy River Road, Columbus, OH 43202 | |  |
|  | | | Grand Rapids, Michigan | 1036 Fuller Ave NE, Grand Rapids, MI 49503 | |  |
|  | | | Indianapolis, Indiana | 3450 N. Meridian St., Indianapolis, IN 46208 | |  |
|  | | | Milwaukee, Wisconsin | 638 N. 18th St, Milwaukee, WI 53233 | |  |
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| **Intended Use Information**  (Check all that apply) | |
|  | The project and use of material are solely limited to **quality assessments** or **quality improvements**. For example, activities conducted to assess, analyze, critique and/or improve current procedures |
|  | The project is intended to support the **creation of data for an FDA submission** under FDA regulations? |
|  | The requestor holds **IRB approval, exemption, or waiver of consent** in order to use this blood or blood product. (Please submit documentation from IRB) |
|  | The project requires material is collected under an **IRB-approved informed consent** disclosing the material may be used for commercial purposes |
|  | The materials are requested solely for **educational or training** purposes |
|  | The materials are requested solely for **further manufacturing** |
| **Describe the intended use:** | |
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| **Perspective Collections**  Indicate all product types and accompanying data that may be requested for the intended use(s) described. | | | | | | | | | | | | | | | | |
| **Product Type** | | | | | | | **Additional Information Requested** | | | | | | | | | |
|  | Clinical Grade (GTP) Apheresis Leukocytes (MNC/Leukopak) | | | | | |  | Donor Age (years) | | | | | | | | |
|  | Research Use (RUO) Apheresis Leukocytes (MNC/Leukopak) | | | | | |  | Donor Gender | | | | | | | | |
|  | Apheresis Platelets | | | | | |  | Donor Ethnicity | | | | | | | | |
|  | Apheresis Plasma | | | | | |  | Infectious disease screening results | | | | | | | | |
|  | Apheresis Red Cells | | | | | |  | Lookback notification requested | | | | | | | | |
|  | Whole Blood Unit (unprocessed) | | | | | |  | ABO/Rh | | | | | | | | |
|  | Whole Blood Unit (processed into components) | | | | | |  | Collection date | | | | | | | | |
|  | Whole Blood derivatives | | | | | |  | Cell count: | | |  | TNC |  | CD34+ |  | CD45+ |
|  |  | Red blood cells (leukoreduced/non-leukoreduced) | | | | |  |  | Other: | | | | | | | |
|  |  | Plasma | | | | |  | Other: | |  | | | | | | |
|  |  | Platelet Rich Plasma (PRP) | | | | |  |  | | | | | | | | |
|  |  | Buffy coats | | | | |  |  | | | | | | | | |
|  | Tubes | | | | | |  |  | | | | | | | | |
|  |  | EDTA |  | Serum |  | Other: |  |  | | | | | | | | |
|  | Buccal swabs | | | | | |  |  | | | | | | | | |
|  | Other: | | | | | |  |  | | | | | | | | |

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| **Other Products**  Indicate all product types and accompanying data that may be requested for the intended use(s) described.  Note: These product types and accompanying data are subject to availability. | | | | | | | | | | | | | | | | |
| **Product Type** | | | | | | | **Additional Information** | | | | | | | | | |
| **Expired or Nonconforming Products** | | | | | | |  | Donor Age (years) | | | | | | | | |
|  |  | Apheresis Platelets | | | | |  | Donor Gender | | | | | | | | |
|  |  | Red Blood Cells | | | | |  | Donor Ethnicity | | | | | | | | |
|  |  | Whole Blood (unprocessed) | | | | |  | Infectious disease screening results | | | | | | | | |
|  |  | Plasma | | | | |  | Lookback notification requested | | | | | | | | |
| **Leukoreduction Byproducts** | | | | | | |  | ABO/Rh | | | | | | | | |
|  |  | Apheresis Leukoreduction Chambers (cones) | | | | |  | Collection date | | | | | | | | |
|  |  | Buffy Coats | | | | |  | Cell count: | | |  | TNC |  | CD34+ |  | CD45+ |
|  |  | Leukoreduction Filters | | | | |  | |  | Other: | | | | | | |
|  | Remnant Sample Tubes | | | | | |  | | Other: | | | | | | | |
|  | Cord blood: | |  | Fresh |  | Cryopreserved |  | |  | | | | | | | |
|  | Other: | | | | | |  | |  | | | | | | | |
| **Note:** *We cannot guarantee that any units picked up or shipped prior to completion of infectious disease testing are negative/nonreactive.* | | | | | | | | | | | | | | | | |

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| **Other Comments or Requirements** |
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| **For Versiti Use Only** | | | | |
| Yes | No | **Written executed agreement confirmed?**  (e.g. Material Transfer Agreement, Data Use Agreement or Research Material Supply Agreement) | | |
| Yes | No | **Appropriate Documentation Received?**  (IRB Approval, IRB Protocol/Summary, IRB Non-Human Subject Determination, Letter of Intent, Biologics License Application) | | |
| Yes | No | **Proposed use of the biomaterial has legitimate scientific merit?** | | |
|  |  | Name of individual(s) making determination: | | |
| **Versiti Reviewer Notes** | | | | |
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| **Approval Status** | | | | **Project #** |
| Approved | | | Not Approved |  |