

SECTION A: DRS REQUISITION - BLOOD PRODUCTS and SERVICES

Blood products may be requested from the San Diego Blood Bank for reasons other than clinical transfusion. Blood products provided under this agreement must NOT be transfused to a human subject unless treatment is FDA-approved, or under an investigational New Drug Application (IND).

DATE OF REQUEST: _____

1. Is the project and material to be used for human subject research? (Check one)

Yes* No

* If yes, IRB approved protocol, informed consent, waiver and/or related documents must be included with application to be considered.

2. Is the project related to a clinical investigation covered under FDA regulations? (Check one)

Yes** No

** If yes, IRB approved protocol, informed consent, waiver and/or related documents must be included with application to be considered.

3. 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

***If Yes, is the usage for the FDA approval of a device that will be used in human subject research and testing or human product manufacturing under CLIA and/or FDA GMP guidelines? If applicable, IRB approved protocol, informed consent, waiver and/or related documents must be included with application to be considered.

Contact Information		
Primary Investigator/Title		
Requesting Organization		
Business Address		
City:	State:	Zip:
Telephone:	Fax:	Email:
Contact Person Name		
IRB or IND Number		
Telephone:	Fax:	Email:

Billing Information		
Billing Contact Name		
Company Name		
Billing Address		
City:	State:	Zip:
Telephone:	Fax:	Email:

Blood Product(s) Requested (Not-for-transfusion, select <input checked="" type="checkbox"/> below)		
<input type="checkbox"/> Whole Blood (WB)_____	<input type="checkbox"/> Red Blood Cells (RBC)_____	<input type="checkbox"/> LRS-WBC_____
<input type="checkbox"/> Buffy Coat (BC)_____	<input type="checkbox"/> Leukapheresis (MNC's)_____	<input type="checkbox"/> Leukapheresis (PMN's)_____
<input type="checkbox"/> Platelets (Apheresis)_____	<input type="checkbox"/> Platelet Rich Plasma (PRP)_____	<input type="checkbox"/> Clearstate™ (Human Platelet Lysate)_____
<input type="checkbox"/> Plasma (Frozen)_____	<input type="checkbox"/> Plasma (Liquid)_____	<input type="checkbox"/> Serum (unit)_____

Blood Specimens collected in specified tubes and Specimen Aliquots (select below)

- Serum / Clot (Red Top) _____ mL Plasma – EDTA (Purple Top) _____ mL Plasma – Citrate (Blue Top) _____ mL
- Plasma – Heparin (Green Top) _____ mL Plasma – ACD (Yellow Top) _____ mL Streck DNA _____ mL
- Streck RNA _____ mL Other (_____) _____ mL

Optional: Specified Centrifugation Spec's: @ RT (22°C) Refrigerated @ (4°C) Speed _____ RCF Time _____ Min

- 1st Aliquot _____ mL Store @ RT (18-24°C) Store Refrigerated @ (1-6°C) Store Frozen @ ≤ -20°C Other _____
- 2nd Aliquot _____ mL Store @ RT (18-24°C) Store Refrigerated @ (1-6°C) Store Frozen @ ≤ -20°C Other _____

Product / Specimen Order Quantity and Order Frequency (select below)

Product / Specimen Order Quantity _____

Order Frequency (*Select one*):

- One time only Once / week Once / month Only on specified days (define): _____

Demographic Info Requested on Each Donation (select below):

A researcher may also need a subset of personally identifiable information (PII) about the donor (anonymous or unlinked) who provided the product/specimen. If you have a need for any of the items below, please indicate which data is required. There will be added costs for providing this data.

- Age (not birth date) gender race / ethnicity Other (please define): _____

Testing of products/specimens:

If blood is to be tested at time of pick-up, results will be available about 48 hours after collection. Common products requested and already tested at pick-up may include Red Blood Cells, Frozen Plasma and Platelets. Common products which may be requested to be picked up **prior to completion** of testing may include Buffy Coat, LRS-WBC's, Mononuclear cells (leukapheresis), and Whole Blood. Requestors may be notified at a later date that the blood collected is **not** negative for all routine blood donor tests that were performed. The identity of the donor will **NOT** be disclosed to the requestors at any time.

PLEASE CHECK ONLY ONE:

- Test before materials picked up NOT tested at time of pick-up, but will be tested* Will NOT be tested**

* or **, If these boxes are checked, a waiver form to accept untested materials will need to be signed. **If this box is checked, screening for infectious disease markers including, but not limited to, tests for HIV, HBV, HCV, Syphilis, HTLV, T. cruzi, and WNV, may NOT be performed.

Product/Specimen Identification Acknowledgement

The parties acknowledge that the specimens are coded by association with a number, letter or symbol, and that the San Diego Blood Bank can decipher the code and link data back to information that would identify individuals to whom the specimens pertain. The code is not derived from or related to information about the individual, such as initials or last four digits of Social Security Numbers. San Diego Blood Bank may not release any identifying information pertaining to the specimens to the customer, unless the customer presents documentation of an Institutional Review Board review of the Project as human subjects research, with appropriate action, such as a finding of exemption, waiver of informed consent, or signed informed consents of any individuals whose specimens may be re-identified.

Signature of Authorized Requestor

Printed Name

Date

