

REQUEST FOR DONATED CORD BLOOD FOR NON-CLINICAL USE

To initiate a request for donated cord blood for non-clinical use from the Puget Sound Blood Center, this form must be carefully completed. Include as much detail as possible, a summary of the project, and a copy of IRB approval (if applicable).

I. Project Information: *(please print)*

Date: _____

Requestor and facility: _____

Address: _____

Title of project: _____

Principal investigator or project manager: _____

Contact person: _____

Phone number: _____

E-mail address: _____

Alternate contact person: _____

Phone number: _____

E-mail address: _____

Anticipated date of completion of project or number of specimens required: _____

Name of the IRB institution which has reviewed and approved the project (if applicable): _____

II. Rationale:

1) Explanation of the purpose of this project and its value for future health care improvements. This summary may be used to describe projects to potential donors. Additional pages may be added. Indicate whether or not IRB approval is needed, and include justification if not needed.

2) Attach a research abstract or summary and a copy of IRB approval (if applicable).

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III. Requirements:

Minimum volume required: _____ ml

Infectious disease testing required? Yes No

Please note, additional fees will be applied if this testing is requested

Special Instructions

Warning:

Although the donor's medical history has been preliminarily screened for infectious diseases and high risk behaviors, the serological battery of tests will not be completed unless requested. Contact Cord Blood Services at 1-800-DONATE-1, ext. 6696 to request specific information regarding disease testing. *As with all human tissues and blood products, these specimens should be handled with extreme care using universal precautions.*

The Puget Sound Blood Center assumes no responsibility for claims including but not limited to malpractice or injury resulting from the use of cord blood.

This cord blood is provided solely for your project and may not be distributed to other investigators or persons external to your company without prior written permission from the Puget Sound Blood Center.

The Puget Sound Blood Center will be recognized in publications resulting from research in which cord blood is used.

Consent has not been given for the use of cord blood as part of any product and therefore such use is strictly prohibited.

If you have any questions about completing this form, please call 1-800-DONATE-1, ext. 6696.

I have read and I understand the information above, and I agree to accept cord blood under these terms. I agree to obtain written consent from the Puget Sound Blood Center prior to using this cord blood outside the scope of this request.

Signature of Principal Research Investigator or Project Manager Date _____

IV. For use by Cord Blood Services Only:

Request reviewed and approved by _____ Date _____

OR

Request reviewed and denied by _____ Date _____