

## Yale Cooperative Center of Excellence in Hematology

## **Internal Request for CD34 + Cells**

Please fill out the information below in order to receive vials containing CD34+ selected cells. Return this form to Ping-xia Zhang for review. She will check the vial availability and charge the COA number. Please allow 48 hours for requests to be processed. The charge for CD34 cells is \$250.00 per million cells.

We are able to provide these cells to you at a reduced cost due to support provided by the Cooperative Centers of Excellence in Hematology (NIDDK Grant # DK106829). Please acknowledge this grant in any publications that include research made possible with these cells, and please send citation information on any such publications to us so that we can reference those in our grant renewal application.

<b>Request Informatio</b>	<u>n</u>			
Name of Principle Inve	estigator:			
Email:				
Phone Number:				
Research Purpose for	Use of CD34+ (	Cells:		
Name of Requestor (if	different from	PI):		
Phone Number:				_
Charging Instructions (COA):				
Number of vials requested: Concentration CD34/Vial:				
Released by:		Date:		
	mans and acknow			e used for research only and ations which include research
Principle Investigator/ Researcher		Sig	nature	Date
CD34 + Cell Informatio	n (For Laborate	ory Use)		
Product #'s	1 x 10 <sup>6</sup>	5 x 10 <sup>6</sup>	10 x 10 <sup>6</sup>	Locations

**Contact Information** 

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