



Yale Cooperative Center of  
Excellence in Hematology

**External Non-Profit**  
**Vial 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 request an invoice for payment. **Please allow 48 hours for requests to be processed. The charge for CD34 cells is \$375.00 per million cells.**

*We are able to provide these cells to you at a greatly reduced fee because of partial funding support provided by Cooperative Centers of Excellence in Hematology NIDDK Grant #DK106829. **Please acknowledge that grant support 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 referencethose in our grant renewal application.***

<b>Shipping Information</b>	<b>Billing Information</b>
Principle Investigator:	Name:
Address:	Address:
City, State, Zip	City, State, Zip
Phone:	Phone:
Email	Email:

**\*\*By signing this form below, you agree to the stipulation that these cells are to be used for research only and will not be infused into humans and acknowledge that grant support in any publications which include research made possible with these cells.**

\_\_\_\_\_  
Principle Investigator/ Researcher

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1) Number of vials requested: \_\_\_\_\_ Concentration CD34/Vial: \_\_\_\_\_  
2) Number of vials requested: \_\_\_\_\_ Concentration CD34/Vial: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_

<b><u>CD34 + Cell Information (For Laboratory Use)</u></b>				
<b>Product #'s</b>	<b>1 x 10<sup>6</sup></b>	<b>5 x 10<sup>6</sup></b>	<b>10 x 10<sup>6</sup></b>	<b>Locations</b>
Removal Documented				

**Contact Information**

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