

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 \$397.00 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 this 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 reference those in our grant renewal application.

Shipping Information		Bill	Billing Information	
Principle Investigator:		Nan	ne:	
Address:		Add	lress:	
City, State, Zip			y, State, Zip	
Phone:			Phone:	
Email			Email:	
made possible with these	cells.			Pate Prepared:
Principle Investigator/ Researcher:		Signature:		Date Prepared:
Number of vials requested	l:	Concentration CD	34/Vial:	
CD34 + Cell Informat	ion (For Labor	ratory Use)		Expiration Date:
Service Provided:	Date of service:	Quantity of Vials:	Price per unit:	Total:
1 Million CD34+ Cells			\$397.00	
Product's Lot #:		Location:	Released by:	Date:
Quote prepared by:		Signature:		Date Prepared:
Contact Information				

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