

BioResearch Products Order Form

Date: _____

Company Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Charles River Acct #: _____

Charles River Animal Order Confirmation #: _____

Product Code	Description	Quantity	Receipt Date	Shipping Temp.

Special Instructions: _____

Thawing Protocol: <https://www.hemacare.com/resources/technical-resources/protocols/>

By checking this box I certify that this order is being placed for 11 or more vials and I approve shipment via dry ice, despite the recommendation that orders of this size ship via Liquid Nitrogen (LN2) dry shipper.

Viral Testing: Donors have been tested according to current FDA requirements for allogeneic blood donation, with the exception of Zika Virus. In the event testing indicates infection with HIV, HBV or HCV, you will be notified. Bone marrow and certain disease state products may only be tested for HIV, HBV, and HCV.

Shipping Address

Company: _____

Attention To: _____

Address: _____

City: _____

State: _____

Zip: _____

Country: United State of America

Is address correct? Please Initial: _____

*Shipping via Federal Express PRIORITY overnight (delivery by 10:30 AM).
Shipping notifications with tracking will be sent to the email listed above.*

I acknowledge biological products (PBMCs) are intended for research use only, and not for direct therapeutic or diagnostic use in humans or animals, or for further manufacturing of therapeutic products or devices.

Signature: _____

Print Name: _____

Date: _____

Email: _____

Phone Number: _____