

## Request for Human Recovered Birth Tissue

Applicant Information										
Company Name:					Requestor Name:					
Requestor Email:						Requestor Phone:				
Address:										
City:		State:					ZIP Code:			
AATB Certified:				YES		NO				
Do you have Criteria SOP:				YES		NO				
Principal Company Name (if applicable) :						Phone#:				
Billing Information										
Contact Name:					Email:					
Billing address:										
City:		State:					Zip:			
Phone:		Fax #:					Cell #:			
Please add any additional billing notes if										
Quality Documentation (please attach copies of the below documents if applicable) *										
FDA Registration*			Medical Criteria			Occupational Licenses				
State Registration (if applicable)			SOP of your Procedure			AATB Certificate				
Lab Requisition if already created										
Name of Medical Director on File:										
Recovery Requests (answers below will be reviewed with RBI clinical staff)										
Tissue (Check all interested tissue)			Placenta (with cord)		Placenta (without cord)		Fluid	Amnion membrane		
Tissue will be used for (Check all that			Transplant		Research		Both			
Tissue to be received (Check all that apply)			Frozen		Fresh		Both			
Tissue will require (Check all that apply)			Rinse		Transport Media		Both	Neither		
If tissue is for research please briefly explain any conditions of tissue: <i>Examples (gestation, ethnicity, age, weight, specific history)</i>										
Estimated quantity of tissue (example: 10 cases per)						Per (Check ONE)	Week	Month	Varies	
RBI quality and recovery departments will use the above information to create a protocol to your specific needs										
Medical Records/lab information										
RBI works with VRL and will provide current requisitions for both serological and cultures, if special panels are needed please explain below.										
Medical Records Contact Name:						Medical Records Phone #				
Medical Records Contact email:						Medical Records special request:				
Acknowledgements										
Additional Request or special notes:										
I acknowledge that the information provided in this application is true to the best of my knowledge and no false or misleading information has been provided.										
PRINTED NAME and Title of Applicant:										
SIGNATURE:					Date:					