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 applicable: |  |
| Quality Documentation (please attach copies of the below documents if applicable) \* required |
| 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 apply)  | 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: *Examples (gestation, ethnicity, age, weight, specific history)* |  |
| 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: |