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 600 N. Wolfe Street
 Baltimore, MD 21287
Phone: 410-955-3320
Fax: 410-614-7647

Website: <http://cellcenter.grcf.jhmi.edu>

| | | |
|----------------------------------|----------------------------------|--------------------------|
| Principal Investigator: _____ | Date Requested: _____ | Pick-up Date: _____ |
| Person Requesting Samples: _____ | Department/Campus Address: _____ | |
| Office Phone: _____ | Lab Phone: _____ | Fax: _____ E-mail: _____ |

University Budget Number/PO#: _____ Exp. Date: _____

JHU USERS: Your account will be charged directly by the EMNS System)

***There is a fee \$0.50/vial for requests to remove 50 or more samples. NonJHMI add 16% to price**

Please check one: Storing sample/s: ____ Retrieval of sample/s:* ____ Discarding sample/s: ____

Sample:

| | Designation: | Study Number (if any): | # of vials: | Location: | Sample: |
|-----|--------------|------------------------|-------------|-----------|---------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ | _____ | _____ |
| 16. | _____ | _____ | _____ | _____ | _____ |
| 17. | _____ | _____ | _____ | _____ | _____ |
| 18. | _____ | _____ | _____ | _____ | _____ |
| 19. | _____ | _____ | _____ | _____ | _____ |
| 20. | _____ | _____ | _____ | _____ | _____ |

Signature: _____

***Supervisor's/Manager's Signature:** _____ **Date:** _____

| | |
|-----------------------------|------------------------------------------------------------------------|
| <i>Repository use only:</i> | <i>*Check one:</i> QC: ____ P.I. ____ Other: ____ |
| Signature: _____ | Date: _____ Received Date: _____ |

Please check one:

Storing sample/s: ____ Retrieval of sample/s: ____ Discarding sample/s: ____

Sample:

| Designation: | Study Number (if any): | # of vials: | Location: | Sample: |
|--------------|------------------------|-------------|-----------|---------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ | _____ |
| 13. _____ | _____ | _____ | _____ | _____ |
| 14. _____ | _____ | _____ | _____ | _____ |
| 15. _____ | _____ | _____ | _____ | _____ |
| 16. _____ | _____ | _____ | _____ | _____ |
| 17. _____ | _____ | _____ | _____ | _____ |
| 18. _____ | _____ | _____ | _____ | _____ |
| 19. _____ | _____ | _____ | _____ | _____ |
| 20. _____ | _____ | _____ | _____ | _____ |
| 21. _____ | _____ | _____ | _____ | _____ |
| 22. _____ | _____ | _____ | _____ | _____ |
| 23. _____ | _____ | _____ | _____ | _____ |
| 24. _____ | _____ | _____ | _____ | _____ |
| 25. _____ | _____ | _____ | _____ | _____ |
| 26. _____ | _____ | _____ | _____ | _____ |
| 27. _____ | _____ | _____ | _____ | _____ |
| 28. _____ | _____ | _____ | _____ | _____ |
| 29. _____ | _____ | _____ | _____ | _____ |
| 30. _____ | _____ | _____ | _____ | _____ |

Signature: _____

***Supervisor's/Manager's Signature: _____ Date: _____**

Repository use only:

***Check one: QC: _____ P.I. _____ Other: _____**

Signature: _____ Date: _____ Received Date: _____