

**Shipping Information** 

## 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 \$270.00 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 that 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.

**Billing Information** 

Principle Investigator:			Name:		
Address:		Add	Address:		
			<u> </u>		
City, State, Zip			City, State, Zip		
		DI.			
Phone:			Phone:		
Email			Email:		
made possible with these c	ells.		ature	tions which include research  Date	
1) Number of vials requested:			Concentration CD34/Vial:		
2) Number of vials requested:			Concentration CD34/Vial:		
,					
Released by: Date:					
CD34 + Cell Information (For Laboratory Use)					
Product #'s	1 x 10 <sup>6</sup>	5 x 10 <sup>6</sup>	10 x 10 <sup>6</sup>	Locations	
Removal Documented					

## **Contact Information**

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