

Yale Cooperative Center of Excellence in Hematology

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 charge the COA number. 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 reduced cost due to support provided by the Cooperative Centers of Excellence in Hematology (NIDDK Grant # DK106829). Please acknowledge this grant 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.

Request Information

Name of Principle Investigator	:	
Email:		
Phone Number:		
Research Purpose for Use of C	D34+ Cells:	
Name of Requestor (if differen	t from PI):	
Phone Number:		
Charging Instructions (COA):		
Number of vials requested: Co	oncentration CD34/Vial:	
Released by:	Date:	
	agree to the stipulation that these cells are to be used fo l acknowledge that grant support in any publications wh	•

Principle Investigator/ Researcher Signature Date

CD34 + Cell Information (For Laboratory Use)

Product #'s	1 x 10 ⁶	5 x 10 ⁶	10 x 10 ⁶	Locations

Contact Information

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