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: | | | | | | | |