

**Appendix C**  
**NMDP RESEARCH SAMPLE REQUEST FORM**

**REQUESTOR INFORMATION (required)**

Date: _____		Need sample(s) by: _____	
Name of requestor: _____			
NMDP Network Center # (if applicable) _____		For profit? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Institution name: _____			
Address: _____			
City: _____		State: _____	ZIP: _____
Country: _____			
Phone: _____		Fax: _____	
E-mail: _____			

**TYPE OF REQUEST** **One-Time (Focused) Sample Request***Please specify:*

- Individual Samples
- Donor-Recipient Sample Pairs

*Please specify:*

- Viable cells
- Non-viable cells

*Please specify:*\_\_\_\_\_ Number of samples  or pairs  requested **Center-Specific Sample Request**

- Patient sample(s) (collected by requesting center ONLY)
- Donor sample(s) (collected by requesting center ONLY)

**DESCRIPTION OF SAMPLES**

On a separate, attached sheet, type or print a complete description of the sample(s) being requested and their intended use.

I understand that my request may be used only for the purposes described in the NMDP Research Policy. I further understand that any abstract, presentation, poster, electronic distribution of information or manuscript that is developed as a result of these samples must be submitted to and approved by the NMDP before I submit, publish or post these data in any way.

\_\_\_\_\_  
*Requestor's Signature*\_\_\_\_\_  
*Date*