



The National Disease Research Interchange

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NDRI Application for Tissue Derivatives / MicroArray

This application is for researchers interested in the following products: CD34+ cells (from bone marrow or cord blood), CD31+/CD45- cells, fresh or frozen bone marrow, or any MircoArray (Prostate, PanCancer)

1. Principal Investigator's Name _____
2. Title _____
- 2a. Project Title _____
3. Institution or Company _____
4. Mailing Address _____
City/State/Zip Code _____
5. Shipping Address _____
City/State/Zip Code _____
6. Phone (Day) Office: _____ Lab: _____
Phone (Nights/Weekends) _____
7. Fax Number _____
E-mail Address _____
8. Billing Information
 - a. Billing Contact/Dept. _____
Billing Address _____
City/State/Zip Code _____
Phone/Fax Numbers Phone: _____ Fax: _____
 - b. Will you be using a Purchase Order Number (PO#), a Record of Call Number (ROC#), or a Blanket Purchase Order Number (Blanket PO#) for billing? *If so, provide #* _____
If you wish to use a credit card for payment, please check here. We will send you the proper documents for your credit card information and authorization.
9. Please attach a research synopsis which includes specific aims and long term objectives.

(continued on next page)

10. Please check the products you are interested in receiving

Tissue Derivatives

- CD34+ Cells from Bone Marrow
- CD34+ Depleted Mononuclear Cells from Bone Marrow
- CD34+ Cells from Umbilical Cord Blood
- CD31+/45- Progenitor Cells from Cord Blood
- Fresh Bone Marrow
- Frozen Bone Marrow

MicroArray

- ProstArray Human Tissue Array
- PanCancer Human Tissue Array