

REQUEST FOR HUMAN BLOOD COMPONENTS FOR IN VITRO LABORATORY RESEARCH USE

I am aware that the blood components distributed by NYBC for in vitro laboratory research are collected from volunteer donors who understand that their donation may be used to help a patient, for research or for diagnostic purposes. I understand that fulfillment of my request is subject to my acceptance of all conditions below:

- **The blood components requested will be used for in vitro laboratory research only.** They may not be used for transfusion into humans or for further manufacturing of a product for administration or injection into a human.
- Other than positive infectious disease test results of the donation and gender/age/race (if requested), no other information about the donor will be available to me now or in the future.
 - Additional charges will be added if gender/age/race information is requested.
- I will not share laboratory or other research results obtained on these blood components with New York Blood Center.
- I understand that these blood components are potentially infectious even if they may have tested negative on routine donor screening. These blood components will be handled according to the “Universal Precautions” prescribed by CDC.
- Blood components carrying a “Biohazard” label have tested positive for a blood donor screening test and should also be handled according to “Universal Precautions”. Disposal of the blood components shall be done in accordance with all Federal, State, and local regulation.
- For untested blood components: information regarding units with positive infectious disease screening test results will be provided by New York Blood Center once testing is completed.
- These blood components do not fall into my blood contract with New York Blood Center.
- I am responsible for all transportation charges associated with these products.

No warranty; Hold harmless

I have read and understand that the blood or blood components that I have obtained from the New York Blood Center carry no expressed or implied warranty of fitness or safety, even when all routine tests are negative. I therefore agree to indemnify and hold harmless the New York Blood Center and its employees in respect of any claim for liability related to such material or its use.

Principal Investigator’s Signature: _____ **Date** _____

Please complete the form on the next page.

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LABORATORY RESEARCH USE**

Submit requests to: vprat@nybc.org (Vanessa Prat)
Tel # 718 707-3556

New York Blood Center
45-01 Vernon Blvd.
New York, NY 11101
FAX 718-752-4770

New request Renewal request

Name of the Principal Investigator/Designee :

Institution/Facility:

Address:

Email: _____

Telephone Contact #'s:

Office/Lab: _____ Mobile _____

FAX: _____

For NYBC Use Only:

Effective Date _____ Expiration Date _____ (not to exceed **2** years)