

**SHIP TO:**  
Eurofins CellTx  
Attn: Sample Logistics  
9052 S Rita Road, Suite 1400  
Tucson, AZ 85747  
Phone:(520) 633-4125

**QUESTIONS:**

Contact: IDM-IE Team Email:  
IDM-IE@NMDP.org  
612-465-7898

PRIMARY/BILL TO CLIENT			Identification Information			
ACCOUNT#	ACCOUNT NAME:		DONOR GRID			
C1441	National Marrow Donor Program					
SAMPLE INFORMATION			ADDITIONAL ID			
Vacutainer Tube Collection <ul style="list-style-type: none"> <li>One 7 mL red top tube (no anticoagulant)</li> <li>Two 7 mL purple top tubes (EDTA anticoagulant)</li> <li>Follow shipping instructions A00205</li> </ul>			<b>CLIENT REFERENCE INFORMATION (CLIENT USE ONLY)</b>  <b>REGISTRY NAME:</b> _____			
<b>TEST RUN:</b> <input checked="" type="checkbox"/> ROUTINE						
<b>TOTAL # OF SAMPLES:</b>	<b>TIME ZONE:</b>	OTHER: _____	<b>PACKAGED DATE / TIME:</b>		<b>SHIPPER TYPE:</b>	<input type="checkbox"/> Other: _____
SAMPLE INFORMATION	SAMPLE COLLECTION DATE / TIME	SAMPLE CENTRIFUGE DATE / TIME		SAMPLE REFRIGERATION DATE / TIME		
<input checked="" type="checkbox"/> Living		Not Done		Not Done		
PROFILE REQUEST						
<input type="checkbox"/> 3323 IDM Panel: ABO, HBsAg, Hep Bcore, HCV, HIV-1/HCV/HBV NAT, HIV1/2+O antibody, RPR, Chagas, WNV Nat, CMV Total, HTLV I/II						

**CellTx Use Only**

Tube A: _____	Tube B: _____	Tube C: _____	Tube D: _____	Tube E: _____	Tube F: _____	Other: _____
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