

Shipping Date

Order Number

Quote number/SOW/Project

PO number

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### Product Information

Date Drawn

Date of Isolation

Sample Source

Sample Type

Sample Name

Amount

Volume (mL)

Selection Method

Instrument Used

Cell Viability

Notes

Storage Media (if any)

QTY

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### Donor Information

RDN

Donor Age

Sex

Donor Type

Blood Type

Weight (lbs)

Height (in)

BMI

Race

CMV Status (as of last screening)

Medications at time of donation

Ethnicity

Smoker (>1 cigarette/day)

