THERADIS PHARMA

Biological sample pick up request form

GETAID

SPONSOR: GETAID	INVESTIGATOR: Dr .....
PROTOCOL: In-TARGET	CENTRE N°:

Sender: pick up address	*Recipient: delivery address*
Name: ..... Address: .... Tel: Fax: Email:	Centre de Ressources Biologiques CRB-42 / Laboratoire d'Immunologie CHU de Saint-Etienne Pavillon de Biologie N0 Avenue Albert Raymond 42055 Saint-Etienne Cedex 2 - France Dr Stéphane Paul: Tel: +33(0)4 77 82 89 75 Email: stephane.paul@chu-st-etienne.fr Dr Bogdan Galusca: Tel: +33(0)4 77 12 77 27 Email: bogdan.galusca@chu-st-etienne.fr Techniciennes CRB: Tel: +33(0)4 77 82 68 80

Investigator site

At least 48h before shipment,
please complete and fax or email this form to Theradis Pharma
Fax: +33(0)4 97 10 08 78 or Email: intarget@theradispharma.com

Please send this form with the samples

Transport conditions: Dry ice

Pick up Date: /____/____/ /____/____/ /____/____/____/____/
DD MM YYYY

Total Number of tubes sent: /_____/ corresponding to **Total Number of cryoboxes sent:** /_____/

Comments: .....
.....

Centre de Ressources Biologiques CRB-42, Laboratoire d'Immunologie, , Saint-Etienne

ACKNOWLEDGEMENT OF RECEIPT
Please complete and fax or email this form the day of reception to Theradis Pharma
Fax: +33(0)4 97 10 08 78 / Email: intarget@theradispharma.com

Date of reception: /____/____/ /____/____/ /____/____/____/____/
DD MM YYYY

Total number of tubes received: /_____/

Samples received in good condition: Yes ❑ **No** ❑

Received by: .....
Name *Signature* *Date(DD/MM/YYYY)*

Comments: .....
.....