



Application for Services

Stanford Blood Center provides blood products and clinical testing services. We bill you directly; we do not bill patients or insurance companies for our services. We will accept orders from your facility for which you agree to be billed or which are accompanied by payment.

Name of Principal Investigator:			
Address:Room/Bldg./Street/Mail Code			
Room/Bldg./Street/Mail Code	City State	Zip	
Telephone:	Alternative Telephone:		
FAX:	Email:		
Send invoice to:			
Name:			
Address:			
Address:Room/Bldg./Street	City State	Zip	
Email:	Telephone:		
FAX:	Alternate Telephone:purchase order number:		
FAX: Is a purchase order required? YES NO If yes,	Alternate Telephone:purchase order number:		
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Email:	Alternate Telephone: purchase order number: d): cher than Principal Investigator):	State	Ziţ
Is a purchase order required? YES NO If yes, OR for Stanford University Departments, PTA (require Send test reports to (complete if someone of Contact Name: Street Street	Alternate Telephone: purchase order number: d): ther than Principal Investigator): City FAX: Title: Date:	State	Ziţ
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3373 Hillview Avenue • Palo Alto, CA 94304

Phone: (650) 723-7994 • FAX: (650) 725-4470 • bloodcenter-ar@stanford.edu

SAFETRACE TM data entry performed by:	Date:
Customer ID:	



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Completed by Study Requestor:

Research Study Information Start Date and Duration: From To	
Number of Subjects in Study:	
Frequency of Specimens:	
Specimen Type: ☐ Blood ☐ Cell Line	☐ Pre-Extracted DNA
Note: DNA extraction charges applied to blood & cell line specimens	;.
Requested Testing. Select all that apply:	
☐ High Resolution HLA Typing : NGS-based. Includes classical HLA-C, HLA-DRB1, HLA-DRB3/4/5, HLA-DQA1, HLA-DQB1, HL	•
\square Intermediate Resolution HLA Typing: SSO-based. Select lo	oci below:
☐ HLA-A ☐ HLA-B ☐ HLA-C ☐ HLA-DR ☐ HLA-DRB3/4/5 ☐] HLA-DQ □ HLA-DP