

# Biorepository Specimen Deposit/ Retrieval / Discard



Date: \_\_\_\_\_ PI (last name, first): \_\_\_\_\_ Requestor: \_\_\_\_\_

Dept/Campus Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Lab Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Budget Number (I/O or CC) \_\_\_\_\_ Expiration: \_\_\_\_\_

*A 16% surcharge is applied to requests from non-Johns Hopkins entities*

**Repository and Cryogenic Storage Fees**

Annual Cryogenic Storage per vial=\$1.20, retrieval fee \$1.20

Annual Cryogenic Storage 'Box Rate' (no inventory maintenance) per box = \$10.00, retrieval fee \$5.00

Specimen Discard with Certificate of Discard= \$2.50

## Service Requested:

**Please check one:** Storing sample/s:     Discarding sample/s:     Retrieval of sample/s:

*\*Please be considerate of our Repository Technician, Advanced notification of sample request is desired. Sample requests greater than 50 vials will need 12hr notice.*

Designation	Sample Type	Quantity	Study Number / Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Attach sheets with additional deposits / retrievals.**

**For Research Use Only:** *This facility is to be used for research purposes only. This service may not be used for clinical applications. Cells being tested should not be used for human and/or animal diagnostic or therapeutic use. Potential pathogens should be disclosed to the GRCF Biorepository & Cell Center personnel prior to processing. Patient tissue or blood used in these requested services has been consented prior to work initiation in the GRCF Biorepository & Cell Center. By completing this request form you agree to these terms.*



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