

"The First Gift"

The St. Louis Cord Blood Bank



At SSM Cardinal Glennon Children's Hospital
3662 Park Avenue St. Louis, Mo 63110
314-268-2787 888-453-CORD (2673) FAX 314-268-4186

Saint Louis University School of Medicine
Department of Pediatrics

SPECIMEN REQUEST

Cord Blood Product Number: _____

Recipient Name: _____ Search #: _____

Specimen Required: _____ Intended Use: _____
(HLA testing, enzyme testing, etc)

Subject to availability, the following specimens may be requested: frozen aliquot*, spot card or cryopreserved segment containing cord blood; cord serum, maternal cells*, and/or maternal serum (* = not cryopreserved).

Specimen Requested by: _____ Date: _____

Requesting Facility: _____

Ph #: _____ Fax #: _____

SPECIMEN TO BE SENT TO:

Contact Name: _____

Institution: _____

Department: _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Sent by: _____ Date: _____

Tracking #: _____ Confirmation #: _____

Comments: _____

It is requested that a copy of any testing results subsequent to submission of this sample be forwarded to the St. Louis Cord Blood Bank at 314-268-4186.