

RESEARCH APPLICATION/REQUISITION FOR DEGOWIN PRODUCTS

- RESEARCHER:** Use this form to request services from the DeGowin Donor Center or Blood Bank for the below project.
- Please submit the completed form, along with the signed DBC Biological Safety Disclaimer/Donor Non-Disclosure form, to the Pathology Research Coordinator, pathresearchcoord@healthcare.uiowa.edu, for approval.
 - Once approved, the Pathology Research Coordinator will issue a study-specific requisition.
 - All tubes and any required labels must be provided by the study team.
 - Donor Center, deliver the completed requisition at least 24 hrs. in advance. **NOTE:** Products may not be available according to the 'Need By' date. Contact [Gail Nelson](#) about availability or with technical questions.
 - Blood Bank, requests can be submitted same day. Contact [Laura Nicks and Farah El-Zein](#) with any questions.

Research Project Information	
Pathology Client Number (Pathology Assigned):	
Research Project Name:	
Principal Investigator	Research Contact ^a
Name:	
Address:	
Department:	
Phone Pager:	
email:	
CLP (If applicable):	MFK:

RESEARCHER: Please add special instructions, below, and provide the appropriate, labeled collection tubes, if necessary. Tubes are available for purchase from Material Services Processed Stores, 0307 JCP (Elevator F, LL).

	REQUEST	NEED BY	NOTIFIED	PICKED UP
	Date:	Date:	Date:	Date:
	Time:	Time:	Time:	(Pathology Use Only)
Epic CDM Code	Description		Charge	Quantity
Donor Center Specific	UIDL00054	HB LRS CONES		
	UIDL00058	HB EXCESS WHOLE BLOOD, DONOR		
Blood Bank Specific	UIDL00056	HB PLATELET ALIQUOTS (UP TO 2 ML)		
	UIDL00057	HB EXPIRED UNITS (PLATELETS, RBC, PLASMA)		
	UIDL00059	HB EXPIRED CORD BLOODS		
	UIDL00055	HB NON-IDENTIFYING DONOR INFORMATION ^b		
'Other' appropriate and applicable charge, determined by Pathology, according to below instructions/requirements				
Projected Cost ^c				
Special Instructions Specific Requirements				

- a.** This contact will be notified when product(s) are ready for pick up. Please notify Pathology if changes are required.
- b.** Non-identifying private information about the donor may be made available upon request and is limited to: infectious disease testing results, gender, medications, age (in years), and ABO/Rh blood type.
- c.** Quote only, invoices billed monthly. **NOTE: The Donor Center will bill for products not picked up w/in 24 hr. of notification.**
- For additional information, please visit:
<https://medicine.uiowa.edu/pathology/research/research-support-pathology-services/degowin-blood-center-provision-blood-components-and>

Contact Information		
Donor Center Front Desk (319) 356-2058 C250 GH (Elevator B, Level 2) Hours: M-F: Variable hours between 7:00 a.m. - 7:30 p.m. Sat & Sun: Closed	Blood Bank Laura Nicks (319) 356-2561 Farah El-Zein C271 GH (Elevator B, Level 2) Hours: 24/7	DBC Research Associate Gail Nelson (319) 678-7922 SW254 GH (Elevator B, Level 2) Pathology Research Coordinator Lindsay Lansberry (319) 356-4149 E613-D GH (Elevator B, Level 6)



University of Iowa Hospitals and Clinics

DeGowin Blood Center

200 Hawkins Drive

Iowa City, Iowa 52242

319-356-2058 Tel

319-353-6002 Fax

<http://www.uihealthcare.com/depts/degowin/bloodcenter/index.html>

DEGOWIN BLOOD CENTER

Disclaimer of Biological Safety Agreement Regarding Non-Disclosure of Donor Information

I, the undersigned Principal Investigator or Responsible Designee, acknowledge:

1. That DeGowin Blood Center is providing blood products for use in my laboratory that are not guaranteed to meet manufacturing standards for transfusable blood products. I accept responsibility that the blood products will be handled as **potentially biohazardous** material, whether or not labeled as such, and that none will be used for any purpose involving human consumption. If blood products are transferred to other laboratories, I accept responsibility for assuring that such products are used in accordance with this statement.
2. That DeGowin Blood Center will **under no circumstances** disclose any identifying private information or the key to any coded information concerning blood donors.

Signature of Principal Investigator.

Signature must be legible; otherwise additionally print or type name.

DATE _____