 <p>stem express</p> <p>SUSTAINING QUALITY OF LIFE THROUGH RESEARCH™</p>	<p>Main Address 2869 Cold Springs Rd Placerville CA 95667 T 877-900-STEM (7836) F 530-380-3800 info@stem-ex.com www.stem-ex.com</p> <p>Shipping and Receiving 484 Main Street, Suite 1 Diamond Springs, CA 95619</p>
--	--

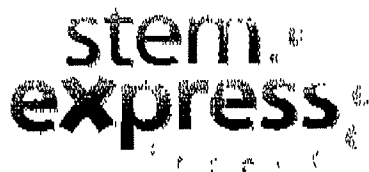
Send To: StemExpress
 From / Clinic: Fresno
 Recipients Fax Number: 209 343 3880
 From: Clarissa & Holly
 Date: 12/12/12
 Total Pages: (Includes Cover) 15

Fax

Urgent Reply ASAP Please Comment Please Review For Your Information

Comments:

Next Days Schedule: Potential Patients: US/MAB _____ PT _____ ROB _____ AB _____
 Time of First Appt: _____



Researcher Procurement Form

DATE

Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Bhairavi Parikh	Email:	bparikh@cellscapecorp.com
C/O	CELLSCAPE CORP	Email 2:	
Address	7979 GATEWAY BLVD	Email 3:	
Address 2	SUITE 240	Phone #	650-380-2821
City	NEWARK	State	CA Zip 94560
Country	USA	Cell Phone	
		Alt. Phone #	

FedEx Account N/A Tracking #

Ref# Same Day Delivery Local Delivery: AM PM Deliver By StemExpress/Jessica

Procurement Tech Additional Techs Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
01B	0900	1212122301B	6456B	17 wks	Maternal Blood	F	20cc ACD-A Pre-Term Confirmed Male
03	1015	1212122303	3653	17 wks	Umbilical Cord	M	In RPMI
03B	0930	1212122303B	6457B	15.1 wks	Maternal Blood	F	20cc ACD-A Pre-Term
01	0930	1212122301	3651	15.1 wks	Liver	UNK	In RPMI
08B	1215	1212122308B	6459B	16.2 wks	Maternal Blood	F	20cc ACD-A Post-Term Confirmed Male
08	1215	1212122306	3655	16.2 wks	Liver	M	In RPMI



Researcher Procurement Form

DATE 12/12/12

Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name **Stanford University School of Medicine** Email: **kristenm@stanford.edu**
 C/O **Kristen McKnight** Email 2:
 Address **Lorry I. Lokey Stem Cell** Email 3:
 Address 2 **1291 Welch Road, Room G3045** Phone # **+1 (408) 431-3179**
 City **Stanford CA 94305** State Zip Cell Phone
 Country Alt. Phone #

FedEx Account **FedEx Priority - Overnight** Tracking # **7942 8911 8590**

Ref# Local Delivery: AM PM Deliver By

Procurement Tech **26** Additional Techs **23, 07** Location **Fresno**

PQC#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	FF	SEX	COMMENTS
02	1000	1212122602	3652	11wks	Pancreas	8	UNK	In RPMI



Researcher Procurement Form

DATE 12/12/12

Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Philip Dilorio	Email:	philip.dilorio@umassmed.edu
C/O	Univ. of Massachusetts	Email 2:	meghan.dolan@umassmed.edu
Address	373 PLANTATION STREET		
Address 2	BIOTECH 2, SUITE 218		
City	WORCESTER	State	MA Zip 01605
Country		Phone #	+1 (508) 981-4079
		Cell Phone	
		Alt. Phone #	

FedEx Account 1836-6124-8 Tracking # 7942 8829 3250
 Ref# Local Delivery: AM PM Deliver By

Procurement Tech 23 Additional Techs 26, 07 Location Fresno

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
04	1130	1212122304	3654	12.3wks	Pancreas	UNK	In Hepes with Antibiotic
04	1130	1212122304	6458B	---	Maternal Blood Testing	F	HIV, HBSAG, HCV
07	1230	1212122307	3656	12wks	Pancreas	UNK	In Hepes with Antibiotic
07	1230	1212122307	6460B	---	Maternal Blood Testing	F	HIV, HBSAG, HCV



Lab Requisition

Ordering Provider: Ronald Berman, MD
NPI: 1477667962
License: A23897

Patient id: 1212122304
Specimen #: 6458B
Date: 12/12/2012
Time: 1130

Bill To: Account No: 1527181
StemExpress, LLC
2869 Cold Springs Road
Placerville, CA 95667

LABS:

- HIV _____
- Hep B (HBsAg) _____
- Hep C (Anti-HCV) _____
- CMV(HCMV) IgG/IgM _____
- RPR/Reflex _____
- HSV 1/2 _____
- _____ _____

Please fax results to: 209-343-3880

Electronically Signed By: Ronald Berman, MD



Lab Requisition

Ordering Provider: Ronald Berman, MD
NPI: 1477667962
License: A23897

Patient id: 1212122307
Specimen #: 6460B
Date: 12/12/2012
Time: 1230

Bill To: Account No: 1527181
StemExpress, LLC
2869 Cold Springs Road
Placerville, CA 95667

LABS:

- Checkboxes for HIV, Hep B (HBsAg), Hep C (Anti-HCV), CMV(HCMV) IgG/IgM, RPR/Reflex, HSV 1/2, and an empty checkbox.

Please fax results to: 209-343-3880

Handwritten signature of Ronald Berman, M.D.

Electronically Signed By: Ronald Berman, MD



Researcher Procurement Form

DATE 12/12/12

Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Sallie McAdoo	Email:	smcadoo@natera.com
C/O	NATERA	Email 2:	
Address	201 Industrial Road	Email 3:	
Address 2	SUITE 410	Phone #	(650) 249-9090
City	San Carlos	State	CA Zip 94070
Country	USA	Cell Phone	
		Alt. Phone #	650-249-9090 ext322

FedEx Account On pre-packaged labels Tracking # 5384 3593 1100

Ref# Local Delivery: AM PM Deliver By

Procurement Tech 26 Additional Techs 23, 30 Location Fresno

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
04B	1100	1212122604B	748841MB	9wks	Maternal Blood	F	40cc
05B	1100	1212122605B	748841FC	---	Paternal Cheek Swab	M	
05	1145	1212122605	748841FT	9wks	Fetal Chorionic Villi	UNK	In Saline

Kit ID
74884-1-K

Patient and Sample Information Form for NPD Research Study
Important - Please fill out and return with the samples to ensure timely compensation!

Sample Information:

Please mark all sample(s) that were collected and are included in the package, and provide the number of the patient(s) from whom the sample was collected along with # of tubes and date of collection:

Date Collected: 12/12/12

Tube suffix	Sample Type	Name	#of tubes
<input checked="" type="checkbox"/> -MB	mother blood	<u>74884-1-MB</u>	<u>4</u>
<input type="checkbox"/> -FB	father blood	<u>N/A</u>	<u>N/A</u>
<input checked="" type="checkbox"/> -FC	father cheek	<u>74884-1-FC</u>	<u>1</u>

Mother's Date of Birth: 7/16/89

Ethnicity: Hispanic

Father's Date of Birth: 3/10/89

Ethnicity: Hispanic

Gestational Age: 9wks

STEM EXPRESS



Researcher Procurement Form

DATE 12/12/12

Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Sallie McAdoo	Email:	smcadoo@natera.com
C/O	NATERA	Email 2:	
Address	201 Industrial Road	Email 3:	
Address 2	SUITE 410	Phone #	(650) 249-9090
City	San Carlos	State	CA Zip 94070
Country	USA	Cell Phone	
		Alt. Phone #	650-249-9090 ext322

FedEx Account On pre-packaged labels Tracking # 5384 3591 1130
 Ref# Local Delivery: AM PM Deliver By

Procurement Tech :26 Additional Techs 23,07 Location Fresno

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
01B	0900	1212122601B	750311MB	17wks	Maternal Blood	F 40cc	
03	1015	1212122603	750311FT	17wks	Fetal Chorionic Villi	UNK In Saline	

Kit ID
75031-1-KF

Patient and Sample Information Form for NPD Research Study
Important - Please fill out and return with the samples to ensure timely compensation!

Sample Information:

Please mark all sample(s) that were collected and are included in the package, and provide the number of the patient(s) from whom the sample was collected along with # of tubes and date of collection:

Date Collected: 12/12/12

	Tube suffix	Sample Type	Name	#of tubes
<input checked="" type="checkbox"/>	-MB	mother blood	<u>75031-1MB</u>	<u>4</u>
<input type="checkbox"/>	-FB	father blood	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/>	-FC	father cheek	<u>N/A</u>	<u>N/A</u>

Mother's Date of Birth: 7/1/91

Ethnicity: Caucasian

Father's Date of Birth: N/A

Ethnicity: N/A

Gestational Age: 17 wks

STEM EXPRESS



Researcher Procurement Form

DATE 12/12/12

Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Sallie McAdoo	Email:	smcadoo@natera.com
C/O	NATERA	Email 2:	
Address	201 Industrial Road	Email 3:	
Address 2	SUITE 410	Phone #	(650) 249-9090
City	San Carlos	State	CA Zip 94070
Country	USA	Cell Phone	
		Alt. Phone #	650-249-9090 ext322

FedEx Account On pre-packaged labels Tracking # 5384 3591 2549
 Ref# Local Delivery: AM PM Deliver By

Procurement Tech 26 Additional Techs 07, 23 Location Fresno

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
06B	1200	1212122606B	750321MB	15.3wks	Maternal Blood	F 40cc	
07B	1200	1212122607B	750321FC		Paternal Paternal Cheek Swab	M	
08	1330	1212122608	750321FT	15.3wks	Fetal Chorionic Villi	UNK In Saline	

Kit ID
75032-1-K

Patient and Sample Information Form for NPD Research Study
Important - Please fill out and return with the samples to ensure timely compensation!

Sample Information:

Please mark all sample(s) that were collected and are included in the package, and provide the number of the patient(s) from whom the sample was collected along with # of tubes and date of collection:

Date Collected: 12/12/12

Tube suffix	Sample Type	Name	#of tubes
<input checked="" type="checkbox"/> -MB	mother blood	<u>75032-1-MB</u>	<u>4</u>
<input type="checkbox"/> -FB	father blood	<u>N/A</u>	<u>N/A</u>
<input checked="" type="checkbox"/> -FC	father cheek	<u>75032-1-FC</u>	<u>1</u>

Mother's Date of Birth: 1/18/78

Ethnicity: Caucasian

Father's Date of Birth: 2/16/69

Ethnicity: Hispanic

Gestational Age: 15.3 wks

STEM EXPRESS