**StemExpress**

**Sustaining Quality of Life Through Research™**

**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

**Shipping and Receiving**
484 Main Street, Suite 1
Diamond Springs, CA 95619

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**Send To:**

**From / Clinic:**

**Recipient's Fax Number:**

**From:**

**Date:**

**Total Pages: (Includes Cover)**

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**Fax**

**Comments:**

**Next Days Schedule:** Potential Patients: US/MAB _______ PT _______ ROB _______ AB _______

**Time of First App.:** _______
### Delivery Instructions:

- **Owner:** Bheiravi Parikh
- **Address:** 7979 Gateway Blvd, Suite 240, Newark, CA 94560, USA
- **Phone:** 650-380-2821

### FedEx Account

- **FedEx Account:** N/A
- **Tracking #:**

### Procurement Tech

**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 | 3655 | 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 | 16.1 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 L. Lokey Stem Cell
- Email 3:
- Address 2: 1291 Welch Road, Room G3045
- Phone #: +1 (408) 431-3179
- City: Stanford CA 94305
- Cell Phone:
- Zip: 94305
- 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

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<th>TIMF</th>
<th>PATIENT#</th>
<th>SPEC#</th>
<th>GEST</th>
<th>SPECIMEN</th>
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<td>1212122602</td>
<td>3652</td>
<td>11wks</td>
<td>Pancreas</td>
<td>8</td>
<td>UNK</td>
<td>In RPMI</td>
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Delivery Instructions: ☑ Billed/Recipient ☑ Billed/StemExpress

Ship To:

Name: Philip Dilorio
C/O: Univ. of Massachusetts
Address: 373 PLANTATION STREET
Address 2: BIOTECH 2, SUITE 218
City: WORCESTER
Country: MA
State: MA
Zip: 01605
Phone #: +1 (508) 981-4079
Fax #: 1836-6124-8
Tracking #: 7942 8829 3250
FedEx Account:
Ref#: 26 07
Alt. #:

Procurement Tech: 23
Additional Techs: 26 07
Location: Fresno

ID# TIME PATIENT# SPEC# GEST SPECIMEN SEX COMMENTS
04 1130 12122304 3654 12.3wks Pancreas UNK In Heps with Antibiotic
04 1130 12122304 6458B Maternal Blood Testing F HIV, HBSAG, HCV
07 1230 12122307 3656 12wks Pancreas UNK In Heps with Antibiotic
07 1230 12122307 64608 Maternal Blood Testing F HIV, HBSAG, HCV

SHIPPING & RECEIVING: 484 Main Street, Suite 1, Diamond Springs, CA 95619
info@stemexpress.com • www.stemexpress.com
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:

- [ ] 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
## Delivery Instructions:
- **Billed/Recipient**: Yes
- **Billed/STEMExpress**: No

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

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

### Local Delivery:
- **AM**: Yes
- **PM**: Yes
- **Deliver By**: 12/12/12

### Procurement Data:

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<td>F</td>
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<td>05B</td>
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<td>1212122605B</td>
<td>748841FC</td>
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<td>Paternal Cheek Swab</td>
<td>M</td>
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<td>05</td>
<td>1145</td>
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<td>9wks</td>
<td>Fetal Chorionic Villi</td>
<td>UNK</td>
<td>In Saline</td>
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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

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<tr>
<th>Tube suffix</th>
<th>Sample Type</th>
<th>Name</th>
<th>#of tubes</th>
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<td>mother blood</td>
<td>74884-1-MB</td>
<td>4</td>
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<tr>
<td>☐ -FB</td>
<td>father blood</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>☒ -FC</td>
<td>father cheek</td>
<td>74884-1-FC</td>
<td>1</td>
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Mother's Date of Birth: 7/16/99
Ethnicity: Hispanic

Father's Date of Birth: 3/10/99
Ethnicity: Hispanic

Gestational Age: 9 weeks

STEM EXPRESS

Last updated: 7/13/2012
**Delivery Instructions:**

- **Ship To:**
  - **Name:** Sallie McAdoo
  - **C/O:** NATERA
  - **Address:** 201 Industrial Road
  - **Address 2:** SUITE 410
  - **City:** San Carlos
  - **State:** CA
  - **Zip:** 94070
  - **Country:** USA

- **Email:** smcadoo@natera.com

- **Phone #** (650) 249-9090
- **Cell Phone**
- **Alt. Phone #** 650-249-9090 ext322

- **FedEx Account:** (On pre-packaged labels) 5384 3591 1130

- **Ref#**
- **Procurement Tech:** 26
- **Additional Techs:** 23, 07
- **Location:** Fresno

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<th>SPEC#</th>
<th>GEST</th>
<th>SPECIMEN</th>
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<th>COMMENTS</th>
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<td>1212122601B</td>
<td>750311MB</td>
<td>17wks</td>
<td>Maternal Blood</td>
<td>F</td>
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<td>1015</td>
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<td>750311FT</td>
<td>17wks</td>
<td>Fetal Chorionic Villi</td>
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<th>Tube suffix</th>
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<th>Name</th>
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<tr>
<td>MB</td>
<td>mother blood</td>
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<td>1</td>
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<tr>
<td></td>
<td>father blood</td>
<td>N/A</td>
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<tr>
<td></td>
<td>father cheek</td>
<td>N/A</td>
<td>N/A</td>
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Mother's Date of Birth: 7/1/91
Ethnicity: Caucasian

Father's Date of Birth: N/A
Ethnicity: N/A

Gestational Age: 17 weeks

STEM EXPRESS

Last updated: 7/13/2012
### Delivery Instructions:
- **Billed/Recipient**: Sallie McAdoo
- **Billed/StemExpress**

### Ship To:
- **Name**: Sallie McAdoo
- **C/O**: NATERA
- **Address**: 201 Industrial Road
- **Address 2**: SUITE 410
- **City**: San Carlos
- **State**: CA
- **Zip**: 94070
- **Country**: USA

### FedEx Information:
- **Account**: On pre-packaged labels
- **Tracking #**: 538435912549
- **Ref #**: Local Delivery: AM PM

### Procurement Information:

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<td>15.3wks</td>
<td>Fetal Chorionic Villi</td>
<td>UNK</td>
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Date Collected: 12/24/12

<table>
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<th>Tube suffix</th>
<th>Sample Type</th>
<th>Name</th>
<th># of tubes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>mother blood</td>
<td>75032-1-MB</td>
<td>4</td>
</tr>
<tr>
<td>□</td>
<td>father blood</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>✗</td>
<td>father cheek</td>
<td>75032-1-FC</td>
<td>1</td>
</tr>
</tbody>
</table>

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

Last updated: 7/13/2012