



SUSTAINING QUALITY OF LIFE THROUGH RESEARCH™

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Date: 12/13/12
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Urgent [] Reply ASAP [] Please Comment [] Please Review [x] 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

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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
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Ref#		Local Delivery:	<input type="radio"/> AM <input type="radio"/> PM
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Procurement Tech Additional Techs Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
01B	1030	1213122301B	749931MB	17.6 wks	Maternal Blood	F	40cc
02B	1030	1213122302B	749931FC	----	Paternal Blood	M	
01	1215	1213122301	749931FT	17.6 wks	Fetal Chorionic Villi	M	In Saline



Researcher Procurement Form

DATE 12/13/12

Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Massachusetts General Hospital	Email:	vvrbanac@partners.org
C/O	Vladimir Dado Vrbanc	Email 2:	
Address	Center for Immunology And Inflammatory Diseases	Email 3:	
Address 2	149, 13th St, Room 8312	Phone #	(617) 724 4991
City	Charlestown	State	MA
		Zip	02129
Country	vvrbanac@partners.org	Cell Phone	(617) 794-8883
		Alt. Phone #	
FedEx Account	StemEx Acct	Tracking #	7942 9944 3979
Ref#	Requisition ID: 0003282466	Local Delivery:	<input type="radio"/> AM <input type="radio"/> PM
		Deliver By	

Procurement Tech Additional Techs Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
01	1215	1213122301	4153	17.6 wks	Liver	M	In RPMI
01	1215	1213122301	4154	17.6 wks	Thymus	M	In RPMI
01	1215	1213122301	6240B	-----	Maternal Blood Testing	F	HIV, HBSAG, HCV



Lab Requisition

Ordering Provider: Ronald Berman, MD

NPI: 1477667962

License: A23897

Patient id: 1213122301
Specimen #: 6240B
Date: 12/13/12
Time: 1215

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: 510-201-8000

Handwritten signature of Ronald Berman, MD.

Electronically Signed By: Ronald Berman, MD



Researcher Procurement Form

DATE 12/13/12

Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Ye Zhang	Email:	zhangye@stanford.edu
C/O	STANFORD UNIVERSITY	Email 2:	jcdugas@stanford.edu
Address	DEPT of NEUROBIOLOGY, ROOM D231	Email 3:	
Address 2	299 CAMPUS DR.	Phone #	
City	WEST STANFORD	State	CA Zip 94305
Country	USA	Cell Phone	+1 (765) 409-3861
		Alt. Phone #	

FedEx Account	N/A	Tracking #	
Ref#	Same Day Delivery	Local Delivery:	<input checked="" type="radio"/> AM <input type="radio"/> PM
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Procurement Tech	23	Additional Techs	07, 26	Location	San Jose
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ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
01	1215	1213122301	4155	17.6 wks	Brain	M	In RPMI