



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

Send To: StemExpress
From / Clinic: THE ALAMEDA, CA / JOSE
Recipients Fax Number: (510) 201-8000
From: HOLLY / JESSICA
Date: 01/10/13
Total Pages: (Includes Cover) 14

Fax

Urgent Reply ASAP Please Comment Please Review For Your Information

Comments:

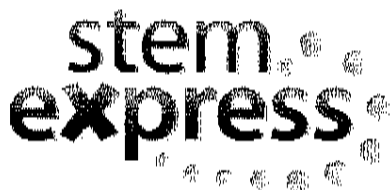
Next Days Schedule: Potential Patients: US/MAB 20 PT _____ ROB _____ AB _____
Time of First Appt: 0830



Gestation Tracking Log

Name	Date	Location				Total	
		<11.6wks	12-13.6wks	14-15.6wks	16-17.6wks		
HOWY JE JPPCA	0110 13	14	1 1	0	3	19	
		<11.6wks	12-13.6wks	14-15.6wks	16-17.6wks		
Number of Appointments Scheduled		13	0	0	3	Total	
Number of Appointments Kept					1	17	
Number of Consents Signed	Blood	9				Tissue	10
Number of Consent with Non Procurable Tissues – NO identifiable Organs*		1					
Number of Consents with Procurable Tissues but no Researcher*		2					

* High request organs such at Liver, Thymus, Pancreas, Heart


Researcher Procurement Form

 DATE
Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Bhairavi Parikh	Email:	bparikh@cellscapcorp.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 #

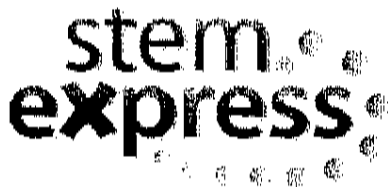
Ref# Same Day Delivery

 Local Delivery: AM PM

Deliver By World Courier

 Procurement Tech Additional Techs Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
03B	0900	0110130703B	6252B	11.4 wks	Maternal Blood	F	20cc ACD-A Pre-Term
01	1045	0110130701	4171	11.4 wks	Umbilical Cord	M	In RPMI
04B	0915	0110130704B	6253B	16.1 wks	Maternal Blood	F	20cc ACD-A Pre-Term
02	1145	0110130702	4172	16.1 wks	Umbilical Cord	UNK	In RPMI
10B	1345	0110130710B	6254B	10.3 wks	Maternal Blood	F	20cc ACD-A Post-Term
04	1345	0110130704	4175	10.3 wks	Umbilical Cord	M	In RPMI


Researcher Procurement Form





 DATE
Delivery Instructions: Billed/Recipient Billed/StemExpress

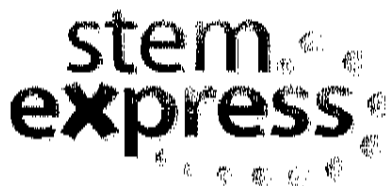
Ship To:

Name	Graham McLennan			Email:	samples@sequenom.com
C/O	SEQUENOM, Inc.			Email 2:	
Address	3595 JOHN HOPKINS COURT			Email 3:	
Address 2				Phone #	858-202-9162
City	SAN DIEGO	State	CA	Zip	92121
Country	USA			Cell Phone	
				Alt. Phone #	

FedEx Account	4697-8520-3	Tracking #	7944 9110 3272
Ref#		Local Delivery:	<input type="radio"/> AM <input type="radio"/> PM
		Deliver By	

Procurement Tech	07	Additional Techs	23	Location	San Jose
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ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
01B	0815	0110130701B	60565  ID: 60565 SQNM-R&D	10 wks	Maternal Blood	F	60cc Streck Tubes Ethnicity: Asian AGE: 18 HT: 5'0" WT: 109lbs G/P/SAB/TAB: 1000
02B	0845	0110130702B	60566  ID: 60566 SQNM-R&D	10 wks	Maternal Blood	F	60cc Streck Tubes Ethnicity: Asian AGE: 30 HT: 5'2" WT: 125lbs G/P/SAB/TAB: 3200
05B	0930	0110130705B	60567  ID: 60567 SQNM-R&D	10 wks	Maternal Blood	F	50cc Streck Tubes Ethnicity: Caucasian AGE: 19 HT: 5'8" WT: 150lbs G/P/SAB/TAB: 1000
07B	1015	0110130707B	60568  ID: 60568 SQNM-R&D	11 wks	Maternal Blood	F	60cc Streck Tubes Ethnicity: Hispanic AGE: 25 HT: 5'0" WT: 170lbs G/P/SAB/TAB: 5202


Researcher Procurement Form

 DATE
Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

Name	Graham McLennan	Email:	samples@sequenom.com
C/O	SEQUENOM, Inc.	Email 2:	
Address	3595 JOHN HOPKINS COURT	Email 3:	
Address 2		Phone #	858-202-9162
City	SAN DIEGO	State	CA
		Zip	92121
Country	USA	Cell Phone	
		Alt. Phone #	

FedEx Account 4697-8520-3

Tracking # 7944 9110 3272



Ref#

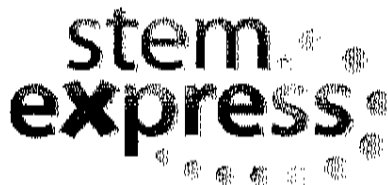
 Local Delivery: AM PM Deliver By

Procurement Tech

Additional Techs

Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
08B	1130	0110130708B	60569	10.3 wks	Maternal Blood	F	60cc Streck Tubes Ethnicity: Pacific Islander AGE: 30 HT: 5'0" WT: 110lbs G/P/SAB/TAB: 2100
		 ID: 60569 SQNM-R&D					
09B	1215	0110130709B	60570	18.4 wks	Maternal Blood	F	60cc Streck Tubes Ethnicity: Hispanic AGE: 27 HT: 5'0" WT: 167lbs G/P/SAB/TAB: 7312
		 ID: 60570 SQNM-R&D					


Researcher Procurement Form

 DATE
Delivery Instructions: Billed/Recipient Billed/StemExpress

Ship To:

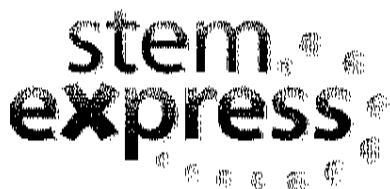
Name	Leila Remling	Email:	leila.remling@colostate.edu
C/O	COLORADO STATE UNIVERSITY	Email 2:	
Address	1619 CAMPUS DELIVERY	Email 3:	
Address 2	PATHOLOGY DEPARTMENT	Phone #	970-491-5613
City	FT COLLINS	State	CO
		Zip	80523
Country	USA	Cell Phone	
		Alt. Phone #	

 FedEx Account Tracking #

 Ref# Local Delivery: AM PM Deliver By

 Procurement Tech Additional Techs Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
02	1145	0110130702	4173	16.1 wks	Liver	UNK	In RPMI
02	1145	0110130702	4174	16.1 wks	Thymus	UNK	In RPMI


Researcher Procurement Form

 DATE
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 # 5401 3463 9050

 Ref# Local Delivery: AM PM Deliver By

 Procurement Tech Additional Techs Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
03B	0900	0110130703B	894402MB	11.4 wks	Maternal Blood	F	40cc
01	1045	0110130701	894402FT	11.4 wks	Fetal Chorionic Villi	M	In saline

Kit ID
89440-2N

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: 01/10/2013

	Tube suffix	Sample Type	Name	#of tubes
<input checked="" type="checkbox"/>	-MB	mother blood	<u>89440-2-MB</u>	<u>4</u>
<input type="checkbox"/>	-FB	father blood	<u>N/A</u>	<u>—</u>
<input type="checkbox"/>	-FC	father cheek	<u>N/A</u>	<u>—</u>

Mother's Date of Birth: 09/07/1987

Ethnicity: CAUCASIAN

Father's Date of Birth: N/A

Ethnicity: N/A

Gestational Age: 11 weeks AND 4 days

STEM EXPRESS


Researcher Procurement Form

 DATE
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 # 5401 3463 9233

 Ref# Local Delivery: AM PM Deliver By

 Procurement Tech Additional Techs Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
04B	0915	0110130704B	894312MB	16.1 wks	Maternal Blood	F	40cc
02	1145	0110130702	894312FT	16.1 wks	Fetal Chorionic Villi	UNK	In saline

Kit ID
87492-N

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: 01/10/2013

	Tube suffix	Sample Type	Name	#of tubes
<input checked="" type="checkbox"/>	-MB	mother blood	<u>29431-2-MB</u>	<u>4</u>
<input type="checkbox"/>	-FB	father blood	<u>N/A</u>	<u>—</u>
<input type="checkbox"/>	-FC	father cheek	<u>N/A</u>	<u>—</u>

Mother's Date of Birth: 04/14/1976

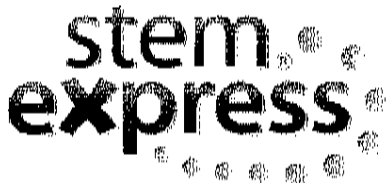
Ethnicity: CAUCASIAN

Father's Date of Birth: N/A

Ethnicity: N/A

Gestational Age: 16 weeks AND 1 Day

STEM EXPRESS


Researcher Procurement Form

 DATE
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

 Tracking #

 Ref#

 Local Delivery: AM PM Deliver By

 Procurement Tech

 Additional Techs

 Location

ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
06B	1015	0110130706B	894472MB	17.4 wks	Maternal Blood	F	30cc
03	1215	0110130703	894472FT	17.4 wks	Fetal Chorionic Villi	UNK	In saline

Kit ID
89447-2-N

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: 01/10/2013

	Tube suffix	Sample Type	Name	#of tubes
<input checked="" type="checkbox"/>	-MB	mother blood	<u>89447-2-MB</u>	<u>3</u>
<input type="checkbox"/>	-FB	father blood	<u>N/A</u>	<u>—</u>
<input type="checkbox"/>	-FC	father cheek	<u>N/A</u>	<u>—</u>

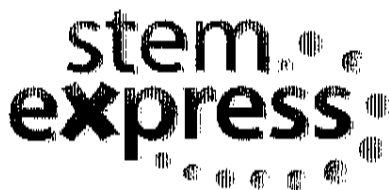
Mother's Date of Birth: 01/05/1991

Ethnicity: CAUCASIAN

Father's Date of Birth: N/A

Ethnicity: N/A

Gestational Age: 17 weeks AND 4 days


Researcher Procurement Form

DATE 1/10/13

Delivery Instructions: Billed/Recipient Billed/StemExpress

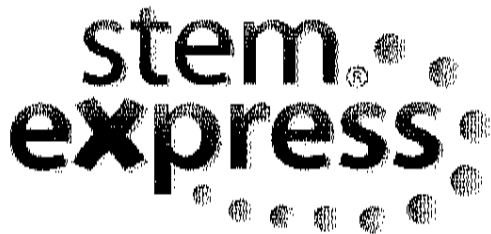
Ship To:

Name	Cate Dyer, Rebecca Rogan, Mike Crapuchettes	Email:	cdyer@stemexpress.com
C/O	STEMEXPRESS LAB	Email 2:	rrogan@stemexpress.com
Address	778 PACIFIC STREET	Email 3:	mcrapuchettes@stemexpress.com
Address 2		Phone #	rrogan@stemexpress.com
City	PLACERVILLE State CA Zip 95667	Cell Phone	
Country	USA	Alt. Phone #	

FedEx Account	StemExpress (if applicable)	Tracking #	7944 9304 4798
Ref#	FIRST Overnight	Local Delivery:	<input type="radio"/> AM <input type="radio"/> PM Deliver By

Procurement Tech	07	Additional Techs	23	Location	San Jose
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ID#	TIME	PATIENT#	SPEC#	GEST	SPECIMEN	SEX	COMMENTS
05	1415	0110130705	4176	18.4 wks	Liver	M	Volume of Tissue: 5ml Age: 27 Height: 5'0" Weight: 167lbs Smoking History: Non-Smoker Ethnicity: Hispanic
05	1415	0110130705	6255B		Maternal Blood Testing	F	HIV, HBSAG, HCV



Lab Requisition

Ordering Provider: Ronald Berman, MD

NPI: 1477667962

License: A23897

Patient id: 0110130705
Specimen #: 6255B
Date: 01/10
Time: 1415

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