

Advanced Bioscience Resources, Inc.1516 Oak Street
Suite 303
Alameda, CA 94501

Fax

To: [REDACTED]
University of CO
[REDACTED]
Customer #581

From: [REDACTED] Accounting Manager
Voice: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]

Fax: [REDACTED] **Date:** September 09, 2013

Phone: [REDACTED] **Pages:** Two

Re: Invoices #1027260 & #1027270 **cc:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

• **Comments:** [REDACTED]

Here are copies of the following invoices processed today, with attached VISA receipt:

Invoice #1027260 (paid via your VISA ending [REDACTED] dated 08/14/13 for \$650

Invoice #1027270 (paid via your VISA ending [REDACTED] dated 08/15/13 for \$975

These 2 invoices were charged together for a total of \$1,625.

I will put the original billing copies of these invoices in the mail today. The Researcher's
Copies will also be in the mail to you shortly

Thank you!

[REDACTED]

*** CONFIDENTIAL ***

If you received this in error, please notify sender.



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
8/14/2013	Credit Card	1027260
TERMS	CUSTOMER #	
Due Upon Receipt	0581	

BILL TO

University of CO

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/14/2013		3408	15	Scalp, 2nd Trimester		275.00
8/14/2013		3409		HIV		50.00
8/14/2013		7499	15	Scalp, 2nd Trimester		275.00
8/14/2013		7500		HIV		50.00
09/09/13 PAID via VISA						
Request by						
Total						\$650.00

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94601
PHONE (510) 865-5872

Merchant No: 00000571352
Ref #: 0009

Sale

Entry Method: Manual

VISA

Amount: \$ 1,625.00

Tax: \$ 0.00

Total: \$ 1,625.00

09/09/13 12:24:35

Inv #: 000009

Acct: Online

KYS Code: ZIP MATCH 2

Card #: 000072

Customer Copy

THANK YOU
HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
8/15/2013	Credit Card	1027270
	TERMS	CUSTOMER #
	Due Upon Receipt	

BILL TO

University of CO

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/15/2013	[REDACTED]	3418	22	Scalp, 2nd Trimester	[REDACTED]	275.00
8/15/2013		3419		HIV		50.00
8/15/2013		3422	16	Scalp, 2nd Trimester		275.00
8/15/2013		3423		HIV		50.00
8/15/2013		3427	16	Scalp, 2nd Trimester		275.00
8/15/2013		3428		HIV		50.00
				09/09/13 PAID via VISA [REDACTED] Request by [REDACTED]		
<div> <div> ADVANCED DIAGNOSTIC RESOURCES 1546 DOW ST STE 300 ALPHEA, CA 94502 PHONE (415) 907-5872 </div> <div> Ref #: 0009 Merchbank ID: 00000071000 </div> </div> <div> Sale Entry Method: Manual Amount: \$ 1,625.00 Tax: \$ 0.00 Total: \$ 1,625.00 09/09/13 Inv #: 000009 Approved: Online ANS Code: ZIP MATCH Z Card #: [REDACTED] </div> <div> Customer Copy THANK YOU HAVE A NICE DAY! </div>						
Total						\$975.00

ADVANCED BUSINESS RESOURCES
1516 VAN ST DE 303
ALAMEDA, CA 94501
PHONE (415) 251-5872

Merchant ID: 88828673268
Ref ID: 8889

Sale

Entry Method: Manual

\$ 1,625.00

0679

1000

12:24:35

Spur Code: 031124

Batch#: 669872

08/09/13

Item #: 000019

Approved Online

2 JUL 1972

Just in

Customer Copy
THANK YOU
HAVE A NICE DAY!

Total

\$975.00



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
3/5/2015	Credit Card	1030037
TERMS		CUSTOMER #
Due Upon Receipt		0694

BILL TO

University of CO Denver
Dept. of Ophthalmology
12800 East 19th Avenue,
Aurora, Co 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
3/5/2015		7894	18	Eyc (1), 2nd Trimester 03/24/15 PAID via VISA Request by		340.00
Total						\$340.00

ADVANCED BIOSCIENCE RESOURCES
1516 OAK ST STE 303
ALAMEDA, CA 94501
PHONE (510) 865-5872

Merchant ID: 2800571352

Ref #: 00019

Sale

Entry Method: Manual

\$ 340.00

\$ 0.00

\$ 340.00

12:49:00

Appr Code: 657600

Batch#: 000115

03/24/15

Inv #: 000017

Acqrnt: Online

ANS Code: ZIP MATCH Z

Cust #: 694

Customer Copy

THANK YOU
HAVE A NICE DAY!



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
5/21/2015	Credit Card	1030393
TERMS	CUSTOMER #	
Duc Upon Receipt	0694	

BILL TO

University of CO Denver
Dept. of Ophthalmology12800 East 19th Avenue,
Aurora, Co 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
5/21/2015		9395	17	Eyes (2), 2nd Trimester		680.00
				06/10/15 PAID via VISA Request by		
<div> <div> SALE VTSA Amount: \$ 680.00 Tax: \$ 0.00 Total: \$ 680.00 05/10/15 Inv #: 600013 Acqord: Online ISS Code: ZIP WATCH 2 Cust #: 629 </div> <div> Entry Method: Manual 06-54-53 600r Code: 633755 Batch#: 630421 </div> <div> Customer Care THANK YOU HAVE A NICE DAY! </div> </div>						
Total						\$680.00

ADVANCED BIOSCIENCE RESOURCES
1516 OAK STREET, SUITE 303
ALAMEDA, CA 94501
PHONE: (510) 865-5872

Merchant ID: 890005711362 Ref #: 8813

**TISSUE ACQUISITION INVOICE**

DATE	P.O. #	INVOICE #
7/23/2015	Credit Card	1030667
TERMS	CUSTOMER #	
Due Upon Receipt	0711	

BILL TO

University of CO-Denver

12700 E 19th Avenue
Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/23/2015		5934	21	Skin, 2nd Trimester		340.00
				08/13/15 PAID via VISA Request by		
Total						\$340.00

ADVANCED BIOSCIENCE RESOURCES

1516 OAK ST. STE 303
ALAMEDA, CA 94501
PHONE: (510) 865-5872

Ref #: 8603

Merchant ID: 000006771362

Sale

Entry Method: Manual

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Customer Copy

THANK YOU

HAVE A NICE DAY!

Fax

To: [REDACTED]
University of CO-Denver
[REDACTED]
Fax: [REDACTED]
Phone: [REDACTED]
Re: Invoices #1030799, #1030884 & #1030914

From: [REDACTED] Accounting Manager
Voice: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]
Date: October 21, 2015
Pages: Four
CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

• **Comments** [REDACTED]

Here copies of the following invoices processed 04OCT2015, with attached VISA receipt:

Invoice #1030799 (paid via your VISA ending [REDACTED] dated 08/27/15 for \$340

Invoice #1030884 (paid via your VISA ending [REDACTED] dated 09/22/15 for \$340

Invoice #1030914 (paid via your VISA ending [REDACTED] dated 09/30/15 for \$340

These three invoices were processed together for a total of \$1,020.

The original billing copies of these invoices have already been placed in the mail, as well as the Researcher's Copies to [REDACTED]

Thank you,
[REDACTED]

*** CONFIDENTIAL ***

If you received this in error, please notify sender.



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
8/27/2015	Credit Card	1030799
TERMS		CUSTOMER #
Due Upon Receipt		0711

PAID
10/04/2015

BILL TO

University of CO-Denver

12700 E 19th Avenue
Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/27/2015		9034	22	Skin, 2nd Trimester 10/04/15 PAID via Request by 11/17/15 PAID DUPLICATE Emailed to per request.		340.00
Total						\$340.00



ADVANCED BIOSCIENCE RESOURCES, INC.

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/22/2015	Credit Card	1030884
TERMS		CUSTOMER #
Due Upon Receipt		0711

PAID
10/04/2015

BILL TO

University of CO-Denver

12700 E 19th Avenue
Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/22/2015		9109	22	Skin, 2nd Trimester 10/04/15 PAID via VISA Request by 11/17/15 PAID DUPLICATE Emailed to per request.		340.00
Total						\$340.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
9/30/2015	Credit Card	1030914
TERMS		CUSTOMER #
Due Upon Receipt		0711

PAID
 10/04/2015

BILL TO

University of CO-Denver

12700 E 19th Avenue
 Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
9/30/2015		9112	22	Skin, 2nd Trimester		340.00
				10/04/15 PAID via Request by		
				11/17/15 PAID DUPLICATE Emailed to per request.		
					Total	\$340.00



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
8/26/2015	Credit Card	1030789
TERMS		CUSTOMER #
Due Upon Receipt		0711

BILL TO

University of CO-Denver

12700 E 19th Avenue
Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
8/26/2015		2330	19	Skin, 2nd Trimester		340.00
08/28/15 PAID via VISA Request by						
<div> <div> ADVANCED BIOSCIENCE RESOURCES 1516 OAK ST STE 303 ALAMEDA, CA 94501 PHONE (510) 865-5872 </div> <div> Ref #: 08022 Merchant ID: 080808771362 </div> </div> <div> Sale Entry Method: Manual Amount: \$ 340.00 Tax: \$ 0.00 Total: \$ 340.00 08/28/15 16:24:22 Inv #: 000822 Approved: Online ANS Code: ZIP MATCH Z Cost #: 711 </div> <div> Customer Copy THANK YOU HAVE A NICE DAY! </div>						
Total						\$340.00



TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
7/23/2015	Credit Card	1030667
TERMS		CUSTOMER #
Due Upon Receipt		0711

BILL TO

University of CO-Denver

12700 E 19th Avenue
Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
7/23/2015		5934	21	Skin, 2nd Trimester		340.00
				08/13/15 PAID via VISA Request by		
<div> <div> ABR ADVANCED BIOSCIENCE RESOURCES 1515 OAK ST STE 303 ALAMEDA, CA 94501 PHONE (510) 865-5872 Merchant ID: 00006771362 Ref #: 0013 </div> <div> Sale Entry Method: Manual Amount: \$ 340.00 Tax: \$ 0.00 Total: \$ 340.00 08/13/15 Inv #: 000013 Approved: Online AVS Code: ZIP MATCH Z Cust #: 711 </div> <div> Customer Copy THANK YOU HAVE A NICE DAY! </div> </div>						
Total						\$340.00

TISSUE ACQUISITION INVOICE

DATE	P.O. #	INVOICE #
10/29/2015	Credit Card	1031052
TERMS	CUSTOMER #	
Due Upon Receipt	0711	

BILL TO

University of CO-Denver

12700 E 19th Avenue
Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
10/29/2015		9714	23	Skin, 2nd Trimester		340.00
				11/19/15 PAID via VISA Request by		
Total						\$340.00

Advanced Bioscience Resources
1516 Oak St Suite 303
Alameda, CA 94501
Phone (510) 885-5872
FAX (510) 885-4090
Email: abr@abr-inc.com

Ref #: 0022

Sale

Entry Method: Manual
Amount: \$ 340.00
Tax: \$ 0.00
Total: \$ 340.00

11/19/15
Inv #: 000022
Appr Code: 002039
Batch #: 000132
Cust #: 711

15:48:42
Appr Code: 002039
Batch #: 000132
Cust #: 711

Customer Copy
THANK YOU
HAVE A NICE DAY!

FEES FOR SERVICES SCHEDULE

Effective January 1, 2016

FETAL CADAVEROUS SPECIMEN PROCUREMENT

SERVICE FEE

2nd trimester specimen (13 - 24 weeks)	PER SPECIMEN	\$340
1st trimester specimen (8 - 12 weeks)	PER SPECIMEN	\$550

BLOOD SPECIMEN PROCUREMENT

Maternal Peripheral	PER SPECIMEN	\$260
Adult Peripheral	PER SPECIMEN	\$260
Full Term Umbilical Cord	PER SPECIMEN	\$550

SPECIAL PROCESSING / PRESERVATION

Case Report Form (CRF) completion	PER CASE	\$25
Specimen "cleaning"	PER SPECIMEN	\$50
Special requests (evaluated individually)	PER SPECIMEN	\$25
Snap freezing (LN2)	PER SPECIMEN	\$40
Passive freezing (Dry ice)	PER SHIPMENT	\$80
Foreign shipments	PER SHIPMENT	\$100
Electronic Fund Transfer (EFT) (Fee varies by bank)	PER INVOICE	\$25-\$50

The following fees are subject to change, based upon increases imposed from outside labs and courier companies.

INFECTIOUS DISEASE SCREENING (Testing performed on donor blood)

HIV, HBsAg	\$95
Additional tests	CALL

DELIVERY (Research facility responsible for delivery charges.)

(FedEx billed on research facility's account but reversed to ABR will incur a \$15 rebill fee)

Federal Express Priority Overnight	\$120
Federal Express First Overnight	\$150
Federal Express Saturday Delivery	\$170
Other courier services	CALL
Fuel surcharge (Research facility responsible for additional fuel surcharge).....	CALL

Our Terms: Full payment due upon invoice receipt, and within 30 days of the invoice date. Accounts not paid within 30 days of invoice are subject to a 1.5% monthly finance charge.

ADVANCED BIOSCIENCE RESOURCES, INC

26 Sep 2011

[REDACTED]
University of Colorado Denver
12800 E. 19th Ave

[REDACTED]
Aurora, Co 80045

To Whom It May Concern:

This letter verifies that ABR, a non-profit tissue procurement organization, supplies requesting and approved scientific investigators with the types of human fetal tissues required for specific bio-medical research. When requested and as availability allows, human fetal tissue specimens will be retrieved from products of conception from induced first and second trimester abortions. Tissue will be distributed according to established protocols.

ABR warrants that maternal consent from patients aged over eighteen years is obtained for the use of fetal tissue specimens for research purposes, including the consent for the potential of stem cell research utilizing such tissues, and that adequate records of such consent are maintained for future verification. ABR also warrants that maternal consent is obtained for phlebotomy and blood testing for a variety of disease entities.

ABR warrants that no payments will be made to any third party for the conduct of or the product of an abortion, including without limitation any parent(s) of any unborn fetus. ABR, to the best of its knowledge, also warrants that all tissue provided will have been obtained in compliance with local, state and federal laws and regulations governing the procurement and distribution of human tissue.

Dr. [REDACTED] research project titled Targeting p53 in Vitiligo Repigmentation was approved by ABR 6 Sep 2011.

Sincerely,

[REDACTED]
[REDACTED]
Federal E.I.N.: [REDACTED]
California E.I.N.: [REDACTED]
FDA FEI: [REDACTED]

APPLICATION FOR THE ACQUISITION OF HUMAN FETAL TISSUE FOR RESEARCH

1516 Oak Street, Ste. 303 / Alameda, California 94501 / 510-865-5872 / Fax 510-865-4090 / email: abr@abr-inc.com

III. PRESERVATION

ABR uses *BioWhittaker RPMI-1640 With L-Glutamine* for tissue preparation, preservation and shipment. Applicant may supply ABR with other media specific to research needs. Please indicate preference below.

PRESERVATION METHODS AVAILABLE:

- ☒ Fresh; shipped on wet ice
☐ Passive freezing on dry ice; shipped on dry ice
☐ "Snap" freezing in LN₂; shipped on dry ice

- ☐ Media provided by applicant
☒ Media provided by ABR (RPMI)

IV. DONOR INFORMATION

CONSENT VERIFICATION: Consent for tissue donation is obtained prior to specimen procurement. The consent is extremely confidential in nature and shall not be communicated to the researcher or facility.

SPECIFIC DONOR INFORMATION: Charts are routinely examined for patient medical histories. Please identify any specific information sought and indicate any contraindications to specimen procurement:

Contra-indications: Family history of inherited blindness: for example retinitis pigmentosa (RP)

V. RESEARCH DATA

TITLE OF RESEARCH PROJECT: Simultaneous, Structural And Functional Imaging Of The Retinal Pigment Epithelium

ABR will provide tissue to researchers who provide information on current research funding, and a short summary of their research intent. **(Please attach a brief synopsis of the research project named above.)** Researchers must agree to use the tissue solely for research purposes and to acknowledge ABR in any publications resulting from the use of ABR provided tissue. Updates on research progress will be required at six-month intervals. Researchers agree to publish the results of the research as promptly after the completion of the research as is reasonably possible without jeopardizing the sponsor's right to secure patents or copyrights necessary to protect its ownership or control of the results of the research. Researchers agree to inform ABR of the name of the publication and the date of the issue in which the results will be published. It is the intent of this requirement to make the results available to the general public through acceptable means of publication.

VI. SOURCE OF FUNDING

Please identify the primary source of funding for this project.

☐ NIH ☐ Other Federal or State Grants ☒ Foundation Grants ☐ Other (specify)

If this application is approved by ABR, ABR shall provide services to the applicant in accordance with the terms and the other conditions that follow. The signature of the applicant shall constitute acceptance of all such terms and conditions by applicant. The entire agreement between ABR and applicant relating to the services provided by ABR is expressly set forth herein, and any modification of or addition thereto shall be of no force or effect unless it is in writing and signed on behalf of ABR by a duly authorized representative.

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES HAVING READ THE TERMS AND CONDITIONS ON THE FOLLOWING PAGE AND AGREES TO SUCH TERMS AND CONDITIONS.

[REDACTED]

SIGNATURE and TITLE of APPLICANT/P.I.

Associate Research Professor

PRINT NAME and TITLE of APPLICANT/P.I.

10/07/2014

DATE

Please return to: **ADVANCED BIOSCIENCE RESOURCES, INC.**
1516 OAK STREET, SUITE 303
ALAMEDA, CALIFORNIA 94501
Telephone: 510-865-5872
Fax: 510-865-4090
Email: abr@abr-inc.com

APPLICATION FOR THE ACQUISITION OF HUMAN FETAL TISSUE FOR RESEARCH

1516 Oak Street, Ste. 303 / Alameda, California 94501 / 510-865-5872 / Fax 510-865-4090 / email: abr@abr-inc.com

III. PRESERVATION

ABR uses *BioWhittaker RPMI-1640 With L-Glutamine* for tissue preparation, preservation and shipment. Applicant may supply ABR with other media specific to research needs. Please indicate preference below.

PRESERVATION METHODS AVAILABLE:

- ☒ Fresh; shipped on wet ice
☐ Passive freezing on dry ice; shipped on dry ice
☐ "Snap" freezing in LN₂; shipped on dry ice

- ☐ Media provided by applicant
☒ Media provided by ABR (RPMI)

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VI. SOURCE OF FUNDING

Please identify the primary source of funding for this project.

☐ NIH ☐ Other Federal or State Grants ☒ Foundation Grants ☐ Other (specify)

If this application is approved by ABR, ABR shall provide services to the applicant in accordance with the terms and the other conditions that follow. The signature of the applicant shall constitute acceptance of all such terms and conditions by applicant. The entire agreement between ABR and applicant relating to the services provided by ABR is expressly set forth herein, and any modification of or addition thereto shall be of no force or effect unless it is in writing and signed on behalf of ABR by a duly authorized representative.

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES HAVING READ THE TERMS AND CONDITIONS ON THE FOLLOWING PAGE AND AGREES TO SUCH TERMS AND CONDITIONS.

10/07/2014

SIGNATURE and TITLE of APPLICANT/P.I.

DATE

Associate Research Professor

PRINT NAME and TITLE of APPLICANT/P.I.

Please return to: **ADVANCED BIOSCIENCE RESOURCES, INC.**
1516 OAK STREET, SUITE 303
ALAMEDA, CALIFORNIA 94501
Telephone: 510-865-5872
Fax: 510-865-4090
Email: abr@abr-inc.com

ADVANCED BIOSCIENCE RESOURCES, INC.

APPLICATION FOR THE ACQUISITION OF HUMAN FETAL TISSUE FOR RESEARCH

All requests for human fetal tissue are reviewed for feasibility of procurement and preparation. When approved, an individual protocol will be developed for the procurement, preparation and delivery of tissue samples, based on the information provided in this application and any subsequent communication.

I. APPLICANT INFORMATION

NAME: [REDACTED]
TITLE: Professor of Surgery
COMPANY: University of Colorado Denver
ADDRESS: 12700 E 19th Avenue
ADDRESS 2: [REDACTED]
CITY, ST, ZIP: Aurora, CO 80045
PHONE #: [REDACTED]
ALT. #: [REDACTED]
FAX #: [REDACTED]
EMAIL: [REDACTED]

BILLING INFORMATION:
BILL TO: [REDACTED]
COMPANY: University of Colorado Denver
ADDRESS: [REDACTED]
ADDRESS 2: 12700 E 19th Avenue
CITY, ST, ZIP: Aurora, CO 80045
ACCOUNTING DEPT. PHONE #: [REDACTED]

P.O. # (if required by your company): _____

DELIVERY OPTIONS:

- ☐ Same Day: Commercial carrier, hand delivered
Maximizes cell viability
☒ Next Day: Pickup, delivery Mon-Sat daytime
Economical for fresh, frozen specimens

Applicant will be charged for delivery fees.

Applicant may designate preferred carrier:

Carrier Name: FedEx
Account #: [REDACTED]
Internal Reference #: [REDACTED]

Credit Card #: [REDACTED]
Name on CC: [REDACTED]
Expiration Date: _____

☒ VISA ☐ MC ☐ AMEX

SHIP TO: [REDACTED]
COMPANY: University of Colorado Denver
ADDRESS: 12700 E 19th Avenue
ADDRESS: [REDACTED]
CITY, ST, ZIP: Aurora, CO 80045

Please indicate how you heard about ABR: Had previous protocol with ABR at previous appointment

II. HUMAN FETAL TISSUE

Tissue specimens requested: skin and tendons

Preferred gestational age (6-24 weeks): _____ Quantity requested (number of specimens/week): _____

Proposed starting date: as soon as possible

CONTAGIOUS DISEASE SCREENING: Availability of test results varies from 24 hours to 7 days after procurement.
Applicant requires the following tests to be performed by ABR:

- ☒ NO TESTING REQUIRED ☐ HIV ☐ HSV ☐ OTHER
☐ HBsAg ☐ RPR
☐ HC ☐ CMV

☐ FAX TEST RESULTS AS SOON AS THEY BECOME AVAILABLE

III. PRESERVATION

ABR uses *BioWhittaker RPMI-1640 With L-Glutamine* for tissue preparation, preservation and shipment. Applicant may supply ABR with other media specific to research needs. Please indicate preference below.

PRESERVATION METHODS AVAILABLE:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Fresh; shipped on wet ice | <input type="checkbox"/> Media provided by applicant |
| <input type="checkbox"/> Passive freezing on dry ice; shipped on dry ice | <input checked="" type="checkbox"/> Media provided by ABR (RPMI) |
| <input checked="" type="checkbox"/> "Snap" freezing in LN2; shipped on dry ice | |

IV. DONOR INFORMATION

CONSENT VERIFICATION: Consent for tissue donation is obtained prior to specimen procurement. The consent is extremely confidential in nature and shall not be communicated to the researcher or facility.

SPECIFIC DONOR INFORMATION: Charts are routinely examined for patient medical histories. Please identify any specific information sought and indicate any contraindications to specimen procurement:

V. RESEARCH DATA

TITLE OF RESEARCH PROJECT: _____

ABR will provide tissue to researchers who provide information on current research funding, and a short summary of their research intent. **(Please attach a brief synopsis of the research project named above.)** Researchers must agree to use the tissue solely for research purposes and to acknowledge ABR in any publications resulting from the use of ABR provided tissue. Updates on research progress will be required at six-month intervals. Researchers agree to publish the results of the research as promptly after the completion of the research as is reasonably possible without jeopardizing the sponsor's right to secure patents or copyrights necessary to protect its ownership or control of the results of the research. Researchers agree to inform ABR of the name of the publication and the date of the issue in which the results will be published. It is the intent of this requirement to make the results available to the general public through acceptable means of publication.

VI. SOURCE OF FUNDING

Please identify the primary source of funding for this project.

☐ NIH ☐ Other Federal or State Grants ☐ Foundation Grants ☒ Other (specify) University Sponsored

If this application is approved by ABR, ABR shall provide services to the applicant in accordance with the terms and the other conditions that follow. The signature of the applicant shall constitute acceptance of all such terms and conditions by applicant. The entire agreement between ABR and applicant relating to the services provided by ABR is expressly set forth herein, and any modification of or addition thereto shall be of no force or effect unless it is in writing and signed on behalf of ABR by a duly authorized representative.

BY SIGNING BELOW, THE APPLICANT ACKNOWLEDGES HAVING READ THE TERMS AND CONDITIONS ON THE FOLLOWING PAGE AND AGREES TO SUCH TERMS AND CONDITIONS.

SIGNATURE and TITLE of APPLICANT/P.I.

DATE

PRINT NAME and TITLE of APPLICANT/P.I.

Please return to: **ADVANCED BIOSCIENCE RESOURCES, INC.**
1516 OAK STREET, SUITE 303
ALAMEDA, CALIFORNIA 94501
Telephone: 510-865-5872
Fax: 510-865-4090
Email: abr@abr-inc.com