# Advanced Bioscience Resources, Inc.

1516 Oak Street Suite 303 Alameda, CA 94501



University of CO  Customer #581	Voice; Fax:
Fax:	Date: September 09, 2013
Phone:	Pages: Two
Re: Invoices #1027260 & #1027270	CC:
• Comments:	
Here are copies of the following invoices produces	essed today, with attached VISA receipt:
Invoice #1027260 (paid via your VISA Invoice #1027270 (paid via your VISA These 2 invoices were charged together for a	ending dated 08/15/13 for \$975
l will put the original billing copies of these inv Copies will also be in the mail to you shortly	oices in the mail today. The Researcher's
Thank you!	



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



PROC. DATE	PATIEN	IT ID	ABR	ID GEST	DESCRIPTION	RESEARCHER	FEE
8/14/2013 8/14/2013 8/14/2013 8/14/2013			3408 3409 7499 7500	15	Scalp, 2nd Trimester HIV Scalp, 2nd Trimester HIV		275.00 50.00 275.00 50.00
		,			09/09/13 PAID via VISA Request by		
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Perchant Segment		Recurl:	Total:	BAKKA13 Isu H: BBGGB HORANG: Chline ARS Code: JIP MICH		\$650.	



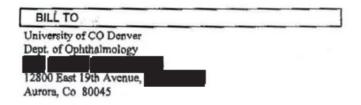
DATE	P.O. #	INVOICE#
8/15/2013	Credit Card	1027270
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PROC. DATE	PATIENT I		GEST	DESCRIPTION		RESEARCHER	FEE
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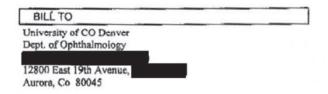
DATE	P.O. #	INVOICE#
3/5/2015	Credit Card	1030037
4,1	TERMS	CUSTOMER #
1	Due Upon Receipt	0694



3/5/2015 7894 18 Eye (1), 2nd Trimester 340.0	03/24/15 PAID via VISA Request by	PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
	Try Petrod: Namal 5-5877 8-587	3/5/2015		7894	18	03/24/15 PAID via VISA		340.0
	February Petrod: Namual 1 340.68							
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DATE	P.O. #	INVOICE #
5/21/2015	Credit Card	1030393
	TERMS	CUSTOMER #
	Duc Upon Receipt	0694



PROC. DATE	PATIENT II	ABR I	D GEST	D	ESCRIPTION		RESEARCHER	FEE
5/21/2015		9395	17	Eyes (2), 2nd Trime	ster			680.0
				06/10/15 PAID via Request by	VISA	<b></b> .		
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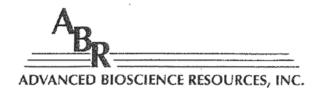
DATE	P.O. #	INVOICE#
7/23/2015	Credit Card	1030667
	TERMS	CUSTOMER#
	Duc Upon Receipt	0711

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
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To:			From:		Accounting Manager
	University of CO-Den	ver		Voice: Fax:	
		Annual Control of the		Email:	
Fax:		***************************************	Date:	October 21, 2	2015
Phone:			Pages:	Four	
Re:	Invoices #1030799, #	1030884 &	CC:		
	#1030914				
□ Urger	nt 🗆 For Review	☐ Please Commen	t DP	Please Reply	
• Comm	nents				
Here co	opies of the following in	nvoices processe	d 0400	CT2015, with a	attached VISA receipt:
	Invoice #1030799 (pai Invoice #1030884 (pai Invoice #1030914 (pai three invoices were pr	d via your VISA e d via your VISA e	ending ending	dated dated	08/27/15 for \$340 09/22/15 for \$340 09/30/15 for \$340
	ginal billing copies of the searcher's Copies to	hese invoices hav	ve alrea	ady been plac	ed in the mail, as well as
Thank	you,				



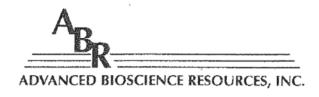
5	Due Upon Receipt	0711
i	TERMS	CUSTOMER#
8/27/2015	Credit Card	1030799
DATE	P.O. #	INVOICE #

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
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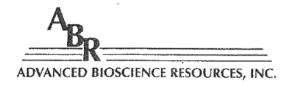
9	Due Upon Receipt	07-11
)	TERMS	CUSTOMER #
9/22/2015	Credit Card	1030884
DATE	P.O. #	INVOICE #

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	PATIENT ID	9109	22	Skin, 2nd Trimester  10/04/15 PAID via VISA Request by  11/17/15 PAID DUPLICATE Emailed to per request.	RESEARCHER	340.00
				Tot	al \$340	.00



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-	DATE	P.O.'#	INVOICE #
	9/30/2015	Credit Card	1030914
		TERMS	CUSTOMER#
P	5	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
9/30/2015	PATIENT	ID	ABR ID 9112	GEST 22	DESCRIPTION  Skin, 2nd Trimester  10/04/15 PAID via Request by  11/17/15 PAID DUPLICATE Emailed to ber request.	ta	RESEARCHER	FEE 340.00
	-					Total	\$340	.00



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	מו ד	ABF	R ID	GEST		DESCRIPTION		RESEARCHER	FEE
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P.O.#	INVOICE #
Credit Card	1030667
TERMS	CUSTOMER #
Due Upon Receipt	0711
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BILL TO
University of CO-Denver

12700 E 19th Avenue
Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION	RESEARCHER	FEE
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DATE	P.O.#	INVOICE#
10/29/2015	Credit Card	1031052
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	Due Upon Receipt	0711

BRL TO
University of CO-Denver

12700 E 19th Avenue
Aurora, CO 80045

PROC. DATE	PATIENT ID	ABR ID	GEST	DESCRIPTION		RESEARCHER	FEE
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Sole	Entry	2	P MIDIZ	Onlaner Cary There you THE A HOLE DAY!			
Į.	E in the last	Total:	選が記		Total	\$340	.00



## FEES FOR SERVICES SCHEDULE

Effective January 1, 2016

FETAL CADAVEROUS SPECIMEN PROCUREMENT	SERVICE FEE
2nd trimester specimen (13 - 24 weeks)	
BLOOD SPECIMEN PROCUREMENT	
Maternal Peripheral	PER SPECIMEN \$260
Case Report Form (CRF) completion  Specimen "cleaning"  Special requests (evaluated individually)  Snap freezing (LN2)  Passive freezing (Dry ice)  Foreign shipments  Electronic Fund Transfer (EFT) (Fee varies by bank)  The following fees are subject to change, based upon	PER SPECIMEN \$50 PER SPECIMEN \$25 PER SPECIMEN \$40 PER SHIPMENT \$80 PER SHIPMENT \$100 PER INVOICE \$25-\$50
imposed from outside labs and courier compa	anies.
HIV, HBsAg	\$95
<b>DELIVERY</b> (Research facility responsible for delivery charges.) (FedEx billed on research facility's account but reversed to ABR with	ll incur a \$15 rebill fee)
Federal Express Priority Overnight Federal Express First Overnight Federal Express Saturday Delivery Other courier services Fuel surcharge (Research facility responsible for additional fuel	\$150 \$170 CALL
Our Terms: Full payment due upon invoice receipt, and within 30 Accounts not paid within 30 days of invoice are subject to a 1.5%	

26 Sep 2011

University of Colorado Denver 12800 E. 19<sup>th</sup> Ave Aurora, Co 80045

To Whom It May Concern:

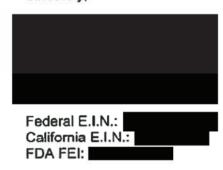
This letter verifies that ABR, a non-profit tissue procurement organization, supplies requesting and approved scientific investigators with the types of human fetal tissues required for specific bio-medical research. When requested and as availability allows, human fetal tissue specimens will be retrieved 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. research project titled <u>Targeting p53 in Vitiligo Repigmentation</u> was approved by ABR 6 Sep 2011.

Sincerely,



# 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: TITLE: COMPA ADDRE ADDRE CITY, S PHONE ALT. #:	University of Colorado Denver  SSS:  SSS 2:  ST, ZIP:  #:		DRMATION: Depment of Opthalmology University of Colorado Denver  Aurora, CO 80045  G DEPT. PHONE #:
FAX #: EMAIL:		P.O. # (if requi	ired by your company):
Applican Applican Carrier I Account		Credit Card #: Name on CC: Expiration Date  SHIP TO: COMPANY: ADDRESS: ADDRESS: CITY, ST, ZIP:	e:  VISA
Tissue s	HUMAN FETAL TISSUE  specimens requested: Human fetal eyes  d gestational age (6-24 weeks): 16-18 wks  d starting date: October 27, 2014	Quantity requested	1 (number of specimens/week)1
	GIOUS DISEASE SCREENING: Availability of nt requires the following tests to be performed by		from 24 hours to 7 days after procurement
X	NO TESTING REQUIRED	HSV RPR CMV	OTHER

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 AVAIL.  Fresh; shipped on wet Passive freezing on dr "Snap" freezing in LN2	ice Media provided by applicant y ice; shipped on dry ice Media provided by ABR (RPMI)
IV.	DONOR INFORMATION	
		te donation is obtained prior to specimen procurement. The consent is communicated to the researcher or facility.
	TIFIC DONOR INFORMATION: Charts a fic information sought and indicate any con	re routinely examined for patient medical histories. Please identify any attraindications to specimen procurement:
Contra	a-indications: Family history of inherited blindness:	for example retinitis pigmentosa (RP)
v.	RESEARCH DATA	
TITL	E OF RESEARCH PROJECT: Simulta	neous, Structural And Functional Imaging Of The Retinal Pigment Epithelium
resear tissue Updat promp or cop name	rch intent. (Please attach a brief synops solely for research purposes and to acknotes on research progress will be required at otly after the completion of the research as pyrights necessary to protect its ownership of	rovide information on current research funding, and a short summary of their is of the research project named above.) Researchers must agree to use the the weldge ABR in any publications resulting from the use of ABR provided tissue six-month intervals. Researchers agree to publish the results of the research as is reasonably possible without jeopardizing the sponsor's right to secure patent or control of the results of the research. Researchers agree to inform ABR of the let in which the results will be published. It is the intent of this requirement to through acceptable means of publication.
VI.	SOURCE OF FUNDING	
	e identify the primary source of funding fo	r this project.
N	IH Other Federal or State Grants	▼ Foundation Grants
The e any n duly a	tions that follow. The signature of the app ntire agreement between ABR and applicated application of or addition thereto shall be authorized representative.	all provide services to the applicant in accordance with the terms and the other clicant shall constitute acceptance of all such terms and conditions by applicant ant relating to the services provided by ABR is expressly set forth herein, and of no force or effect unless it is in writing and signed on behalf of ABR by a NOWLEDGES HAVING READ THE TERMS AND CONDITIONS ON THE TERMS AND CONDITIONS.
		10/07/2014
SIGN	ATURE and TITLE of APPLICANT/P.I.	DATE
Assoc	iate Research Professor	
PRIN	T NAME and TITLE of APPLICANT/P.I.	
		Please return to: ADVANCED BIOSCIENCE RESOURCES, INC. 1516 OAK STREET, SUITE 303 ALAMEDA, CALIFORNIA 94501

Fax: Email:

Telephone: 510-865-5872

510-865-4090

abr@abr-inc.com

# 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: TITLE: COMPANY:  ADDRESS: ADDRESS 2: CITY, ST, ZIP: PHONE #: ALT. #:	BILLING INFORMATION: BILL TO: Depment of Opthalmology COMPANY: University of Colorado Denver ADDRESS: ADDRESS 2: CITY, ST, ZIP: Aurora, CO 80045 ACCOUNTING DEPT. PHONE #:_
FAX #:	P.O. # (if required by your company):
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:  Account #:  Internal Reference #:  Please indicate how you heard about ABR:	Credit Card #: Name on CC: Expiration Date:    VISA
II. HUMAN FETAL TISSUE Human fetal eyes	
Proposed starting date: Human fetal eyes  October 27, 2014	Quantity requested (number of specimens/week)1
CONTAGIOUS DISEASE SCREENING: Availability of Applicant requires the following tests to be performed	of test results varies from 24 hours to 7 days after procurements by ABR:
NO TESTING REQUIRED ☐ HIV ☐ HBs.A	HSV OTHER RPR 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:  Fresh; shipped on wet ice Passive freezing on dry ice; ship "Snap" freezing in LN2; shipped		Media provided by applicant Media provided by ABR (RPMI)
IV.	DONOR INFORMATION		
	SSENT VERIFICATION: Consent for tissue donation emely confidential in nature and shall not be communicated.		
	CIFIC DONOR INFORMATION: Charts are routine ific information sought and indicate any contraindica		
Contra	ra-indications: Family history of inherited blindness: for example	e retinitis pigmentosa (I	RP)
v.	RESEARCH DATA		
TITL	LE OF RESEARCH PROJECT: _ Simultaneous, Str.	uctural And Functional I	maging Of The Retinal Pigment Epithelium
tissue Updat promp or cop name	It will provide tissue to researchers who provide inforch intent. (Please attach a brief synopsis of the se solely for research purposes and to acknowledge A ates on research progress will be required at six-month aptly after the completion of the research as is reason payrights necessary to protect its ownership or control e of the publication and the date of the issue in whice the results available to the general public through as	research project name of the results of the results will be the results will be the results will be	amed above.) Researchers must agree to use the ons resulting from the use of ABR provided tissue. There agree to publish the results of the research as out jeopardizing the sponsor's right to secure patents research. Researchers agree to inform ABR of the published. It is the intent of this requirement to
VI.	SOURCE OF FUNDING		
Please N	se identify the primary source of funding for this proj NIH	ject. undation Grants	Other (specify)
The e	is application is approved by ABR, ABR shall provide litions that follow. The signature of the applicant shall entire agreement between ABR and applicant relating modification of or addition thereto shall be of no for authorized representative.	all constitute acceptang to the services pr	ance of all such terms and conditions by applicant. rovided by ABR is expressly set forth herein, and
	SIGNING BELOW, THE APPLICANT ACKNOWLEI LOWING PAGE AND AGREES TO SUCH TERMS A		
		10/07/20	14
SIGN	NATURE and TITLE of APPLICANT/P.I.	DATE	
Assoc	ciate Research Professor		
PRIN	NT NAME and TITLE of APPLICANT/P.I.		
	Please		NCED BIOSCIENCE RESOURCES, INC. AK 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

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.

ADDITICANT INFORMATION

I. AP	PLICANT INFORMATION						
NAME:			BILLING INFO	RMATION:			
TITLE:	Professor of Surgery		BILL TO:				
COMPANY	University of Colorado Den	ver	COMPANY:	University of	of Colorado	Denv	er
ADDRESS:	12700 E 19th Avenue		ADDRESS:				
ADDRESS 2	2:		ADDRESS 2:	12700 E 19t	h Avenue		
CITY, ST. Z	IP: Aurora, CO 80045		CITY, ST, ZIP:	Aurora, CO	80045		
PHONE #:			ACCOUNTING				
ALT. #:							
FAX #:							
EMAIL:			P.O. # (if require	red by your co	mpany):		
Sam Max Next	OPTIONS: e Day: Commercial carrier, hand d imizes cell viability t Day: Pickup, delivery Mon-Sat d	aytime	Credit Card #: Name on CC: Expiration Date		<b>5</b> 140		434PV
	nomical for fresh, frozen specimen	8		× VISA	☐ MC	Ц	AMEX
	ill be charged for delivery fees.		SHIP TO:	University o	of Colorado	Dens	er
	y designate preferred carrier: FedEx		COMPANY:	12700 E 19t		Denv	
Carrier Nam	e: FCGEX		ADDRESS:	12700 E 170	ii Avenue		
Account #:			ADDRESS:	Aurora CO	20045		
Internal Refe	erence #:		CITY, ST, ZIP:	Autora, CO	00043		
Please indica	ate how you heard about ABR: Ha	ad previous	protocol with A	BR at previo	us appointr	nent	
II. HU	MAN FETAL TISSUE						
Tissue speci	mens requested: skin and tendor	ns					
	stational age (6-24 weeks):		antity requested	(number of sp	ecimens/we	ek):_	
_	arting date: as soon as possible						
CONTAGIO Applicant re	US DISEASE SCREENING: Avai quires the following tests to be per	lability of ter rformed by A	st results varies f ABR:	from 24 hours	to 7 days af	ter pro	curemen
X NO	TESTING REQUIRED C	HIV HBsAg HC	☐ HSV ☐ RPR ☐ CMV	□ OTHER			
☐ FA	X TEST RESULTS AS SOON AS THEY	BECOME AVA	ILABLE				

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 "Snap" freezing in LN2; shipped on dry	Media provided by applicant Media provided by ABR (RPMI) 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 Sponsered					
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 H FOLLOWING PAGE AND APPLES TO SUCH TERMS AND CO						
SIGNATURE and TITLE of APPLICANT/P.1.	DATÉ					
PRINT NAME and TITLE of APPLICANT/P.I.						
Please return	to: ADVANCED BIOSCIENCE RESOURCES, INC. 1516 OAK STREET, SUITE 303 ALAMEDA, CALIFORNIA 94501					

III.

PRESERVATION

Fax:

Email:

Telephone: 510-865-5872

510-865-4090

abr@abr-inc.com