

CMS STATEMENT OF WORK FORM

Standard Project Request

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CUSTOMER Company Name:**  **CUSTOMER Contact / Manager:**  **Internal Study / PO #**  **Phone:**  **E-mail:** | | | | | | **Return Shipment Address:** | |
|  | | | | | | | |
| **Regulated (GLP):**  **NO**  **YES** *(Protocol is Required for Regulated Studies)* | | | | | | | |
| **Total # Cases:** | **Species:** | | | **Total # Specimens:** | | | |
| **Delivery Method:** | Shipment  Local Courier  Hand Carry Other: | | | | | | |
| **Samples Delivery Date:** | (mm/dd/yyyy) | | | | | | |
| **Expected Return Date:** | (mm/dd/yyyy)  RUSH PROJECT ***(33% RUSH FEE will apply)*** | | | | | | |
| ***Provide a complete list of tissues to be processed by using the list below or attaching a detailed inventory (next page).*** | | | | | | | |
| **Biospecimen Type(s)** | | **Number of Containers** | **Service Requested** | | | | |
| Fresh  Frozen (FF)  FFPE block  Frozen Viable  FFPE curls  Other­­        Other­­ | | Cassettes # \_\_\_\_\_\_  Tubes # \_\_\_\_\_\_\_  Jars # \_\_\_\_\_\_\_  Other # \_\_\_\_\_\_\_\_\_ | RNA Isolation  DNA Isolation  Protein Lysate prep  Cell Culture | | | | QC  Wet Tissue Processing  Custom Protocol  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Infectious:**  **NO**  **YES** Explain if YES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Special Instructions:**  **NO**  **YES** *(attach detailed instructions or refer to protocol – see comments)* | | | | | | | |
| **Desired labeling template for biospecimens:** | | | | | | | |
| **Other Comments:** | | | | | | | |
| **Client Signature:** | | | | | **Date:**        (mm/dd/yyyy) | | |

**For CMS Use ONLY**:

MSA Expiration Date:       (mm/dd/yyyy)

Assigned Project Number:       Initiation Date:       (mm/dd/yyyy)

Return Shipment Date:       (mm/dd/yyyy) Shipment back to Customer (tracking #):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **SERVICES REQUESTED** | | | | | |  |
| **##** | **Specimen ID** | **Organ / Dx** | **Biospecimen Type** | **RNA** | **DNA** | **Prot** | **Cells** | **QC** | **SPEC** | **Comments** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **(Sub) TOTAL** |  |  |  |  |  |  |  |

*If more than 10 specimens are shipped – please provide a separate Excel file with Specimens / Services request data*

**Other Comments:**

**CMS Use Only**

|  |  |
| --- | --- |
| **Received By:**      (name) | **Date:**        (mm/dd/yyyy) |
| **Inventory Performed by:**       (name) | **Date:**        (mm/dd/yyyy) |
| **CMS LABORATORY processing person:**       (name) | **Date:**        (mm/dd/yyyy) |
| **Comments:** | |