

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:**       |