

Questionnaire patient samples:

Company: _____

Contactperson: _____

General questions to patient samples

How many samples are required totally? _____

Till when do you need samples? _____

Are partial deliveries possible? _____

If yes: _____

Date: _____

Yes No

Delivery Date 1: _____ Quantity _____

Delivery Date 2: _____ Quantity _____

Delivery Date 3: _____ Quantity _____

Which specifications samples should have? _____

Serological tests:

Anti-HIV, Anti-HCV and HBsAg negative: Yes No

Positive to: _____

Negative to: _____

PCR tests:

HIV, HCV, HBV, HAV, PB19 negative: Yes No

Positive to: _____

Negative to: _____

Which specifications samples should have? _____

Are there special requirements to donors? _____

CE FDA

e. g. only women, only European, age, medication, etc.

Specification of sex? _____

What kind of samples ? _____

Yes No

Serum / Plasma / Blood

Smear

Others: _____

Which matrix is required? _____

Do you need special tubes? _____

Whole blood: _____ Samples

Yes No Producer: _____ Item no: _____

Serum: _____ Samples

Yes No Producer: _____ Item no: _____

EDTA: _____ Samples K2 K3

Yes No Producer: _____ Item no: _____

Heparin: _____ Samples Natrium Lithium

Yes No Producer: _____ Item no: _____

Citrate: _____ Samples

Yes No Producer: _____ Item no: _____

CPD: _____ Samples

Yes No Producer: _____ Item no: _____

Others: _____ Samples

Yes No Producer: _____ Item no: _____

Others: _____ Samples

Yes No Producer: _____ Item no: _____

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May different matrices come from one donor / from various?	matched	different donors		
Are special labels required?	Yes	No	Labelcode: _____	
Volume of each donor	_____ mL	Volume/Donor: _____ max. _____ min.		
Shall samples be subdivided in aliquots?	Yes	No		
If yes, which size?	_____ x _____	mL		
Are sterile tubes required?	Yes	No		
Do you need special tubes?	Yes	No	Producer: _____	Item no: _____
Are special labels required?	Yes	No	Producer: _____	
How shall samples be treated (additionally) after the blood collection?	Centrifuge:	Yes	No	
How fast samples must be treated after the blood collection?	Freeze:	Yes	No	
How fast do you need to receive samples after the blood collection?	_____			
At which temperature should samples be stored after treatment?	-80°C	-20°C	2 - 8°C	Room temperature
Do you need other documents than a certificate of analysis?	Yes	No		
Protocol of blood collection	Yes	No		
Inspection plan	Yes	No		
Vote of the ethics commission	Yes	No		

Others: _____

Further requests: _____

Date: _____

Signature: _____