



The New Jersey Stem Cell Resource
at The Coriell Institute for Medical Research
403 Haddon Ave ♦ Camden, New Jersey 08103
www.coriell.org/ccr/njscr ♦ njscr@coriell.org

REGISTRATION FORM

Date: _____

Contact Information

Individual Completing Form:

Name _____
(Last) (First)

Principal Investigator:

Name _____
(Last) (First)

Department: _____

Institution: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email of Individual Completing Form: _____

Product Interest

- umbilical cord blood mononuclear cells
- umbilical cord blood-derived mesenchymal stromal cells
- placenta-derived mesenchymal stromal cells
- umbilical cord blood CD34+ cells
- umbilical cord blood CD34-depleted cells
- unprocessed umbilical cord blood
- umbilical cord tissue
- placental tissue
- custom cell selection (please specify) _____

Shipping and Billing Information

FedEx Account No. (for billing shipping cost) _____

Purchase Order No. (if shipping address is outside of New Jersey) _____

Credit Card (if outside NJ) No. _____ Expiration _____

Billing Contact Information:

Name _____
(Last) (First)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

THE MATERIALS ARE BEING PROVIDED "AS IS" WITHOUT WARRANTIES, EXPRESS OR IMPLIED, AS TO ANY MATTER WHATSOEVER; ALL IMPLIED WARRANTIES, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE AND NON-INFRINGEMENT, ARE SPECIFICALLY DISCLAIMED.