

**BIOSPECIMEN REPOSITORY  
SERVICE REQUEST  
FOR LN<sub>2</sub> STORAGE**



Investigator \_\_\_\_\_ Phone # \_\_\_\_\_

Project ID \_\_\_\_\_ Date \_\_\_\_\_  
(for billing purposes)

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Delivery Location \_\_\_\_\_

Authorized by \_\_\_\_\_

Description of Contents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Pick-Up Date \_\_\_\_\_

Storage Box Size:

<input type="checkbox"/> 1-2ml vials	<input type="checkbox"/> 3-5ml vials	<input type="checkbox"/> Large box for straws (cryobiosystem) or 15ml tubes
# boxes: _____	# boxes: _____	# boxes: _____

***Repository Use Only***

Date Picked-Up: \_\_\_\_\_ # of Boxes: \_\_\_\_\_

Picked-Up by: \_\_\_\_\_