RESEARCH PARTICIPATION REQUEST FORM

General Contact: 212-241-8810

Apheresis Center: Dr. Suzanne Arinsburg, Medical Director
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Blood Bank: Dr. Jeffrey Jhang, Medical Director
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Cellular Therapy Laboratory: Dr. Camelia Iancu-Rubin, Laboratory Director
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camelia.iancu-rubin@mountsinai.org

Please complete, save and send a copy of this form and requested documents to email addresses listed above.

<table>
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<tr>
<th>Principal Investigator</th>
<th>Title</th>
<th>Address</th>
<th>Phone Number</th>
<th>E-mail</th>
<th>Department</th>
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<td>Co-Investigators</td>
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<td>Clinical Coordinator (s)</td>
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Study/ Protocol Title/ GCO#/IRB#/IND#

Study/Protocol Design (as pertains to AC, BB or CTL)

ABSTRACT/INTRODUCTION TO THE RESEARCH AND DESCRIBE HOW IT PERTAINS TO APHERESIS, BLOOD BANKING OR CELLULAR THERAPY SERVICES:

SCIENTIFIC FRAMEWORK OF THE RESEARCH PROJECT (provide 1-2 pages including scientific background, rationale, specific aims and study design):

Estimated Study Dates:

Estimated Study Subjects:
Has the study been submitted to the Investigational Review Board?  YES:  NO:

Has the study been approved by the Investigational Review Board?  YES:  NO:
If yes, please provide approval letter.

Attach the following as appropriate:
- Study protocol
- Investigator Brochure
- Instructions Manual

FUNDING:

Agency:  Please Specify:  Status (Funded/Pending/Applying):
Federal Funding Agency (NIH, DOD)
Industry Funding
Research Foundation Funding
Other Funding

PAYMENT METHOD (please check one):
Direct Charge
Interdepartmental Invoice
Check
Account (please provide account number)
Subcontract
Other (please specify)

Please provide invoicing/billing contact (name, phone number, email):

After receipt and review of the Request Form, our directors will contact the principal investigator/ study contact to determine the extent of Apheresis, Blood Bank or Cellular Therapy Services necessary to support this study. Multiple correspondence and an in-person meeting may be necessary to fully determine the best course of action. Please note time spent preparing study correspondence will be subject to reimbursement and charged at the appropriate time. We look forward to working with you and augmenting your research endeavors.

Principal Investigator/ Study Contact Name:
Signature________________________________________Date:______________

Apheresis, Blood Bank and Cellular Therapy Use Only:
Reviewed By:____________________________________Date: ____________
Quote Prepared by:______________________________Date: ____________