

**Frederick National Laboratory
for Cancer Research**

sponsored by the National Cancer Institute

Vaccine, Immunity and Cancer Directorate
Standard Operating Procedure Form

Form Title: Serology Material Request Form

Document ID: 15001-01

Version:

1.0

Associated SOP: 15001

Effective Date:

07Nov22

Supersedes:

New

Page 1 of 4

(Instructions: Complete the table below with the require information, and please contact SSNCCbiospecimens@nih.gov with any questions you may have prior to this form completion)

1. Date of Request: (DD/MMM/YY)			
2. Company / Organization:			
3. Requestor: (Full Name)			
4. MTA Executed: Yes <input type="radio"/> No <input type="radio"/>			
5. Material Requested: (Select, or enter below)			
	Material Description	Quantity	Volume
<input type="checkbox"/> N/A	Human SARS-CoV-2 Serology Standard		100 µL
			250 µL
<input type="checkbox"/> N/A	Human SARS CoV-2 2021 Preliminary Evaluation Panel		50 µL
<input type="checkbox"/> N/A	Human SARS CoV-2 Serology Evaluation Panel 1		50 µL
<input type="checkbox"/> N/A	HPV Serology – Reference Standard		100 µL
			250 µL
<input type="checkbox"/> N/A	HPV Serology – Proficiency Panel		100 µL

Verify current version prior to use. Use of a superseded or obsolete document is prohibited.

This document contains confidential and proprietary information. Do not copy or distribute without prior, written permission.

Uncontrolled Print Copy

Form Title: Serology Material Request Form

Document ID: 15001-01

Version:

1.0

Associated SOP: 15001

Effective Date:

07Nov22

Supersedes:

New

Page 2 of 4

(Instructions: Complete the table below with the require information, and please contact SSNCCbiospecimens@nih.gov with any questions you may have prior to this form completion)

6. Description of Intended Use: (Define assay type, scope of project, etc.in 500 words or less; include volume requirements for assay(s). For the panel requests, once approved, an additional set of detailed questions about your assay will be emailed to you. Your responses will be used to ensure an accurate assessment of your assay results.)

7. Shipment POC:

Name: (Full Name)

Phone Number:

Email Address:

8. Shipping Address:

9. Preferred Courier (FedEx, DHL, UPS, etc.; Note: These materials will be shipped via Dry Ice):

Preferred Courier Account Number:

10. Requestor Signature:

(Note: wet or digital signature is required)

Verify current version prior to use. Use of a superseded or obsolete document is prohibited.

This document contains confidential and proprietary information. Do not copy or distribute without prior, written permission.

**Frederick National Laboratory
for Cancer Research**

sponsored by the National Cancer Institute

Vaccine, Immunity and Cancer Directorate
Standard Operating Procedure Form

Form Title: Serology Material Request Form

Document ID: 15001-01	Version:	1.0
Associated SOP: 15001	Effective Date:	07Nov22
Supersedes:	New	Page 3 of 4

(Instructions: Complete the table below with the require information, and please contact SSNCCbiospecimens@nih.gov with any questions you may have prior to this form completion)

For international shipments using FedEx, please ensure Network Monitoring is setup on the account. A prepaid label may be sent prior to shipping, or a different shipping company may be used if preferred.

Submit completed request form to SSNCCbiospecimens@nih.gov.
Include "15001" and the [target](#) (e.g., "HPV" or "COVID") in the subject line.

For technical questions, please contact SSNCCbiospecimens@nih.gov and add "Questions" to the subject line.

Verify current version prior to use. Use of a superseded or obsolete document is prohibited.

This document contains confidential and proprietary information. Do not copy or distribute without prior, written permission.

Uncontrolled Print Copy

**Frederick National Laboratory
for Cancer Research**

sponsored by the National Cancer Institute

Vaccine, Immunity and Cancer Directorate
Standard Operating Procedure Form

Form Title: Serology Material Request Form

Document ID: 15001-01

Version:

1.0

Associated SOP: 15001

Effective Date:

07Nov22

Supersedes:

New

Page 4 of 4

(Instructions: Complete the table below with the require information, and please contact SSNCCbiospecimens@nih.gov with any questions you may have prior to this form completion)

VICD Serology Laboratory Internal Use Only	
Assigned Request ID Number:	REQ
Request form completed correctly:	<input type="checkbox"/> Yes <input type="checkbox"/> No
MTA Executed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Request Disposition:	<input type="checkbox"/> Proceed <input type="checkbox"/> Reject
Rejection Reason:	<input type="checkbox"/> N/A
Biospecimen Liaison Signature/date:	
VICD Serology Reviewer Approval Signature <input type="checkbox"/> N/A Section, request rejected by Biospecimen Liaison	
Amount of Material Approved:	
Human SARS-CoV-2 Serology Standard	<input type="checkbox"/> N/A
Human SARS CoV-2 2021 Preliminary Evaluation Panel	<input type="checkbox"/> N/A
Human SARS CoV-2 Serology Evaluation Panel 1	<input type="checkbox"/> N/A
HPV Serology – Reference Standard	<input type="checkbox"/> N/A
HPV Serology – Proficiency Panel	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> N/A
Signature/date:	

VICD Reviewer will notify the Biospecimen Liaison when the review is complete.

Verify current version prior to use. Use of a superseded or obsolete document is prohibited.

This document contains confidential and proprietary information. Do not copy or distribute without prior, written permission.

Uncontrolled Print Copy