
BBM reserved area

STORAGE REQUEST FORM

SECTION A – Reserved to customers

CUSTOMERS DETAILS

COMPANY/ORGANIZATION _____

DEPARTMENT / AREA / LABORATORY / REFERENCE CENTER _____

Surname _____ Name _____

Phone _____ Email _____

BIOLOGICAL RESOURCE ORIGIN

Identification number _____ Business Code _____ Years _____

Country _____ State _____

City _____ Province _____

Routine activities NOTE _____

Public/Private Sectors NOTE _____

Corporate NOTE _____

BIOLOGICAL RESOURCE IDENTIFICATION

BIOLOGICAL RESOURCE TYPE _____ BIOHAZARD

N/A	1	2	3
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Taxonomy: Order _____

Family _____ Gender/Subfamily _____

Species _____ Strain _____

Taxonomy origin species /biological resource host _____

Sample _____

Identification method _____ Date _____

BIOLOGICAL RESOURCE STORAGE REQUEST

Quality control performed _____

Date _____

Frequency Stability control _____ Date _____ Storage time _____

Vials number: _____ (Master: original vials that are not transferrable and not visible on web site)
 _____ (Working: vials that derivate from the original that may be transferrable and visible on web site)

Batch number _____ Quantity/Vial _____ μ l Concentration/Titre _____

Date _____ Transport Temperature _____ °C

Storage request temperature _____

- Attachment: 1. Certificate of Analysis containing product identification, qualitative and quantitative traits, reference to the used analytical method;
2. Recovery Sheet;
3. SDS.

Date

Customer

I hereby authorize the use of my personal data in accordance to the GDPR 679/16 - "European regulation on the protection of personal data".

Date

Customer

SECTION B – Reserved to BBM

We agree to the storage request
You will receive nr. ____ labels

We do not agree to the storage request
Denial reasons _____

Date

BBM Signature

Delivery temperature of biological resource _____ °C

Date

BBM Acceptance staff Signature