

NCI No.

SECTION 1: CUSTOMER DETAILS

Please complete all fields below. Blank or incomplete information will not be accepted and will delay the application. For any queries, please contact nciadmin@nhsbt.nhs.uk
 NHSBT staff must confirm they are self-trained to SPN1562.

1.1 Customer and Institution Information

Customer Title, name and position	Customer Department	
	Customer Telephone	
	Customer Email	
Institution Name		Company Registration No.
Institution Address		Existing NHSBT NCI Customer No. (if applicable)
		Is this application for a new project?

1.2 Customer Finance Department Information

Contact Name	
Address	
Telephone No.	
Contact Email	

1.3 Responsible Persons - please list the additional persons you want authorised to request products, suspend or amend account details and orders for this account:

Name	Role within your organisation	Email and phone details

1.4 Project Information:

Project Title:	
Proposed project START Date	
Proposed project END Date	
Date of application	
NHSBT Staff only: Confirm you are self-trained to SPN1562 (accounts cannot be completed without this information).	<input type="checkbox"/>

Section 1: NHSBT Internal Use

- A. Supply Chain type: STD NON-STD BESPOKE
- B. EAS: £ _____
- C. Is Ops approval required? NO YES
- D. If required, is this request: APPROVED REJECTED

Comments and/or rationale for rejection if applicable:

Operational assessor name:

 Operational assessor signature:

 Date:

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SECTION 2: PURPOSE, INTENDED USES AND SUPPORTING INFORMATION
 Please complete all fields below. Incomplete information or unchecked boxes will not be accepted and will delay the application. For any queries, please contact nciadmin@nhsbt.nhs.uk

2.1 PURPOSE: Please confirm the purpose for which materials are required (you may tick more than one) Please include details for each identified use in Section 2.2.	Yes	No
a. Medical research and development	<input type="checkbox"/>	<input type="checkbox"/>
b. Validation/development of new products including components therapeutic products and processing/manufacturing methods	<input type="checkbox"/>	<input type="checkbox"/>
c. <i>In vitro</i> diagnostic test / process validation and/or laboratory quality control	<input type="checkbox"/>	<input type="checkbox"/>
d. Education and training	<input type="checkbox"/>	<input type="checkbox"/>
e. Production or manufacture of biochemical assay (including, but not restricted to, the production or manufacture of a reagent or reagents)	<input type="checkbox"/>	<input type="checkbox"/>
f. <i>Uses which will directly impact on diagnostics associated with patient care</i>	<input type="checkbox"/>	<input type="checkbox"/>

2.2 SUPPORTING INFORMATION: Please use the space below to explain exactly how you intend to use the material requested, any tests undertaken and what happens to the results of those tests.

- R&D users are required to include a copy of the research proposal abstract.
- Clinical Trial users are required to include a copy of the trial approval or application
- For multiple projects please contact nciadmin@nhsbt.nhs.uk for presentation requirements.
- *Please complete 'Virology Testing' to confirm if you intend to test for any of the following: Syphilis, Hepatitis B virus (HBV), Human immunodeficiency virus (HIV), Hepatitis C virus (HCV), Hepatitis E Virus (HEV) or Human T-lymphotropic virus (HTLV)*

Virology Testing
 Do you intend to test for any of the following: Syphilis, Hepatitis B virus (HBV), Human immunodeficiency virus (HIV), Hepatitis C virus (HCV), Hepatitis E Virus (HEV) & Human T-lymphotropic virus (HTLV)?
 Yes No

If yes,
 1: Please provide details of the tests you will perform:
 Details

2: Please confirm that you understand and agree to notify NHSBT of any positive results from the virology screens stipulated above including any information NHSBT requires about the testing process, protocol or reagents used:
 Yes

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2.3 INTENDED USE: Please answer ALL questions (a)-(f) below. Where you answer "yes" to any question, please provide brief details in the box provided.		Yes	No
(a) EXPORT: Do you intend to use material and/or data derived from materials supplied by NHSBT outside of England, Wales or Northern Ireland? Details		<input type="checkbox"/> Please answer 2.3(b)	<input type="checkbox"/> Please answer 2.3(b)
(b) THIRD PARTIES: Do you intend to pass on materials supplied by NHSBT to any 3 rd party in whole or part for any reason including quality control? Details		<input type="checkbox"/> Please answer 2.3(c)	<input type="checkbox"/> Please answer 2.3(c)
(c) DNA/RNA: Do you intend to undertake any RNA/DNA analysis of materials supplied? Details		<input type="checkbox"/> Please answer 2.3(d)	<input type="checkbox"/> Please answer 2.3(e)
<i>Note: NHSBT permits limited DNA/RNA analysis of gene expression and of specific genes and proteins.</i>			
(d) DNA/RNA: Is analysis likely to establish the identity of the donor of the material? Details		<input type="checkbox"/> Please answer 2.3(e)	<input type="checkbox"/> Please answer 2.3(e)
<i>For office use: Requires CARE assessment if yes</i>			
(e) Cell Lines/Tissue Culture Medium: Do you intend to use donor materials to establish cell lines or as a supplement in a cell culture medium? Details		<input type="checkbox"/> Please answer 2.3(f)	<input type="checkbox"/> Please answer 2.3(f)
<i>For office use: Requires CARE assessment if yes</i>			
(f) Animal Models: Will materials supplied be used in animal models or live animal tissue? Details		<input type="checkbox"/> Please answer 2.3(g)	<input type="checkbox"/> Please answer 2.3(g)
<i>For office use: Requires CARE assessment</i>			
(g) THERAPEUTIC APPLICATION: Do you require clinical-specification material for a clinical use (e.g. for administration to a person/participant in a clinical trial/as starting material for a cellular therapy)? Please summarise trial purpose/outputs and confirm any MHRA (or equivalent) trial approval.		<input type="checkbox"/> Please answer (i) / (ii)	<input type="checkbox"/> Please go to 2.4
(i) Approval body:		(ii) Approval reference:	
		Please go to 2.4	
<i>For office use: Requires CARE assessment</i>			

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2.4 Ethics – please tick one of the following options																	
<input type="checkbox"/>	<p>I am undertaking research work which DOES REQUIRE Research Ethics Committee (REC) approval</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>I have received REC approval</td> <td>REC Number</td> <td rowspan="4"> <i>NOTE: You are required to submit a copy of your REC Approval with your application. NHSBT will reject applications that are not accompanied by your REC approval</i> </td> </tr> <tr> <td></td> <td></td> <td>Approval body</td> </tr> <tr> <td></td> <td></td> <td>Approval start date</td> </tr> <tr> <td></td> <td></td> <td>Approval end date</td> </tr> </table> <p><input type="checkbox"/></p>	<input type="checkbox"/>	I have received REC approval	REC Number	<i>NOTE: You are required to submit a copy of your REC Approval with your application. NHSBT will reject applications that are not accompanied by your REC approval</i>			Approval body			Approval start date			Approval end date	I am requesting NHSBT Cord Bank to extend its Tissue Bank Ethical Approval	<i>NOTE: This ONLY applies for applications requesting cord blood products (listed in Appendix A). If your application is approved by an internal NHSBT committee this option will allow you to carry out your research without needing to have separate REC approval</i> <p style="text-align: right;">ACTION: Now go to Section 2.5</p>	
<input type="checkbox"/>	I have received REC approval	REC Number	<i>NOTE: You are required to submit a copy of your REC Approval with your application. NHSBT will reject applications that are not accompanied by your REC approval</i>														
		Approval body															
		Approval start date															
		Approval end date															
<input type="checkbox"/>	I am undertaking research work which DOES NOT require Research Ethics Committee (REC) approval	<i>NOTE: NHSBT will only accept written output from the HRA toolkit (hra.nhs.uk) as evidence that REC approval is NOT required. You are required to provide this confirmation with your application. NHSBT will reject applications that are not accompanied by this evidence</i> <p style="text-align: right;">ACTION: Now go to Section 2.5</p>															
<input type="checkbox"/>	I am not undertaking research work	<i>NOTE: Applicants are advised to refer to the HRA toolkit (hra.nhs.uk)</i> <p style="text-align: right;">ACTION: Now go to Section 2.5</p>															

2.5 Human Tissue Authority (HTA) License – please tick one of the following options			
<input type="checkbox"/>	<p>I am undertaking work which DOES require the storage of relevant material* from a living person for research and/or procurement, testing, processing, storage, distribution, import and export of tissues and cells for human application.</p> <table border="1"> <tr> <td>HTA License Number</td> <td> <i>NOTE: You are required to submit a copy of your HTA License with your application. NHSBT will reject applications that are not accompanied by your HTA License.</i> <p style="text-align: right;">ACTION: Now go to Section 3</p> </td> </tr> </table>	HTA License Number	<i>NOTE: You are required to submit a copy of your HTA License with your application. NHSBT will reject applications that are not accompanied by your HTA License.</i> <p style="text-align: right;">ACTION: Now go to Section 3</p>
HTA License Number	<i>NOTE: You are required to submit a copy of your HTA License with your application. NHSBT will reject applications that are not accompanied by your HTA License.</i> <p style="text-align: right;">ACTION: Now go to Section 3</p>		
<input type="checkbox"/>	<p>An HTA License is not required (please tick justification below)</p> <p><input type="checkbox"/></p>	I am NOT undertaking work which requires the storage of relevant material for research and/or procurement, testing, processing, storage, distribution, import and export of tissues and cells for human application.	
	<input type="checkbox"/>	Materials will be used within 48 hours of receipt.	
	<input type="checkbox"/>	I have REC Approval for my work (see Section 2.4).	
	<input type="checkbox"/>	I am requesting products for use as a starting material for reagents for human application, or for production of cell lines or for production of cell culture medium (please include details in 2.3e/2.3g.) (Any intended human application needs to be supported by an HTA license.)	
		ACTION: Now go to Section 3	
<p>*Further guidance for materials considered as ‘relevant material’ under the Human Tissue Act can be accessed via: https://www.hta.gov.uk/</p> <p>Answers provided are for NCI office use only. NHSBT department reviewers do not need to consider the answers given to 2.5 as part of their review</p>			

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SECTION 3: COMPONENTS AND MATERIALS

3.1 Materials: The materials available from NHSBT are sourced from a range of internal departments listed in Appendices A-H. Each of these departments is required by NHSBT to undertake a review of your application and assess whether, or not, we are able to supply materials requested for your proposed uses.

To help this assessment, please indicate in the table below the Appendices from which you are requesting material/s. As required, you may tick more than one Appendix. For any queries, please contact nciadmin@nhsbt.nhs.uk

	TICK BELOW
APPENDIX A: BLOOD and BLOOD COMPONENTS	<input type="checkbox"/>
APPENDIX B: COVID-19 CONVALESCENT PLASMA	<input type="checkbox"/>
APPENDIX C: CORD BLOOD	<input type="checkbox"/>
APPENDIX D: THERAPEUTIC APHERESIS SERVICES	<input type="checkbox"/>
APPENDIX E: DONOR SAMPLES FROM RCI REAGENTS	<input type="checkbox"/>
APPENDIX F: PATIENT SAMPLES FROM RED CELL IMMUNOHAEMATOLOGY (RCI)	<input type="checkbox"/>
APPENDIX G: PATIENT SAMPLES FROM IBGRL*	<input type="checkbox"/>
APPENDIX H: CELLULAR AND MOLECULAR THERAPIES	<input type="checkbox"/>
APPENDIX I: MICROBIOLOGY SERVICES SURVEILLANCE (MSS)	<input type="checkbox"/>
APPENDIX J: HISTOCOMPATIBILITY AND IMMUNOGENETICS (H&I)	<input type="checkbox"/>
APPENDIX K: HEALTHY DONOR APHERESIS MATERIAL AND RELATED SERVICES	<input type="checkbox"/>
APPENDIX L: TISSUES	<input type="checkbox"/>

*International Blood Group Reference Laboratory

3.2 List of materials that may be requested from NHSBT to support non-clinical work:
For the each of the materials you are requesting in Appendices A-J, please indicate:
(a) the number of units you require and
(b) your anticipated order frequency (e.g. daily, weekly, monthly, 6-monthly etc)
NOTE: No charge is made by NHSBT for the donated material. NHSBT is mandated to recover the costs of issue, retrieval and making components and materials available. Details will be provided when an application has been reviewed and approved by NHSBT.

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APPENDIX A: BLOOD and BLOOD COMPONENTS

These components do not meet quality requirements applicable for transfusion for a variety of reasons e.g., underweight, overweight, expired, manufacturing process fails or are a by-product of the donation/manufacturing process.

Item Code	Product	Volume per unit	Number of units required	Frequency (weekly, monthly etc)
NC01	OTC Serum AB (rarely available)	200ml		
NC02	OTC Serum non AB	200ml		
NC04	Cryo depleted Plasma	200ml		
NC05	Ambient Plasma	250ml		
NC05A	Untested Ambient Plasma	250ml		
NC07	Buffy Coats	50ml		
NC08	Buffy Coat Residue			
NC09	Expired Platelets			
NC12	Neonatal Expired Platelets			
NC13	Untested Whole Blood	485ml approx.		
NC15	Non Clinical Spec Research Red Cells	200ml		
NC16	Non Clinical Spec Expired Red Cells	200ml		
NC18	Random Donor Samples (EDTA Tube)	1 tube (6ml approx.)		
NC19	Cryo – Single Donor Unit			
NC20	Non Clinical Spec Platelets	1 unit		
NC22	Random Donor Samples	1 deep well micro plate		
NC24	Leukocyte Cone (untested)	1		
NC25	Leukocyte Filters (untested/NHSBT only)	1		
NC26	Rare Donor Sample	1		
NC27	Specific Donor Sample	1		
NC32	Irradiated Non-Clinical Spec Red Cells	200ml		

Clinical Specification Components

These components meet quality requirements for transfusion. Ordinarily we would aim to supply non clinical spec materials (above) unless your work specifically requires clinical spec products. Please provide further details of your requirements in section 2.2.

NC50	Clinical Spec Red Cells	220–340ml approx.		
NC52	Clinical Spec Whole Blood	485ml		
NC54	Clinical Spec Plasma	200-340ml		
NC55	Cryo 1 - Clinical Spec Cryo Pooled	100-250ml		
NC56	Clinical Spec Platelets Pooled	150-380ml		
NC58	Clinical Spec Platelets Apheresis	150-380ml		

APPENDIX B: COVID-19 CONVALESCENT PLASMA

	Titres required: (High, Medium, Low)	Volume of sample required ml	Number of samples required	Frequency (weekly, monthly etc)
Plasma – small volume donor samples of convalescent plasma with detectable COVID Antibodies.				

For all of the above please note that:

- Convalescent Plasma is a limited resource. We aim to provide samples with microlitre volumes.
- COVID antibody titre levels are derived from Euroimmune Assay.
- Low titre (1.1-3) medium titre (4-9) high titre (10+)

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APPENDIX C: CORD BLOOD			
Product		Number of units required	Frequency (weekly, monthly etc)
Fresh Cord blood unit			
Fresh Cord Blood Red Cells - minimum volume 20mls			
Fresh volume reduced Cord blood unit			
Fresh Cord Plasma			
Frozen Cord blood unit <2.0x10 ⁶ Total CD34+ve cells			
Frozen Cord blood unit 2.0-3.99x10 ⁶ Total CD34+ve cells			
Frozen Cord blood unit >4.0x10 ⁶ Total CD34+ve cells			
Fresh Cord Tissue as a starting material in a clinical trial or as starting material for an ATMP to be issued under the 'specials' scheme*			
Fresh Cord Blood as a starting material in a clinical trial			
Placenta and Cord tissue for R&D -please specify requirements on section 2.2.			
CORD BLOOD ADDITIONAL PROCESSING / TESTING			
Maternal Infectious Disease Marker Testing***	<input type="checkbox"/>	ABO/Rh***	<input type="checkbox"/>
CBU Plasma Infectious Disease Marker Testing****	<input type="checkbox"/>	Maternal Samples****	<input type="checkbox"/>
Full Blood Count***	<input type="checkbox"/>	Bacteriology / Fungal Screening***	<input type="checkbox"/>
HLA (Class I ABC Class II DRB1)***	<input type="checkbox"/>	CFU Culture****	<input type="checkbox"/>
Frozen CBU Plasma Sample 2ml**	<input type="checkbox"/>	Frozen CBU Whole Blood Sample 2ml**	<input type="checkbox"/>
CD34 Count***	<input type="checkbox"/>		

*Fresh CBU is issued from Colindale (London) Tuesday – Friday after 8am. All Fresh CBUs undergo mandatory testing for IDM markers and will be added to all requests. The NHS Cord Bank is unable to guarantee the availability and supply of CBUs. Frozen CBU is shipped from Filton.
 **Available addition with Frozen units only
 ***Available addition with Fresh units only
 **** Available addition on both Fresh and Frozen units

APPENDIX D: THERAPEUTIC APHERESIS			
Product – typically supplied untested unless specified.	Volume per unit	Number of units required	Frequency (weekly, monthly etc)
Plasma: residual from single patient plasmapheresis	2 litres approx.		
Used CD34 therapeutic Harness. Single patient NOTE: Patients are virology tested (covering HIV, HCV, HBV and syphilis) prior to PBSC collection.	1		
Red cells, residual from single patient exchange	2 litres+		
White cells – residual from single patient exchange	2 litres		
Harness & Column: single patient low density lipids	1		
Harness: residual blood following from ECP procedures	1		
Platelets: residual material from Platelet depletion procedure, single patient NOTE: There is usually less than 1 unit a year available	2 litres approx.		

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APPENDIX E: DONOR SAMPLES FROM RCI REAGENTS

Product	Volume of sample required ml	Number of samples required	Frequency (weekly, monthly etc)
Red Cell Sample (5-10ml)			
Plasma Sample (5-10ml)			

APPENDIX F: PATIENT SAMPLES from RED CELL IMMUNOHAEMATOLOGY (RCI)

Condition - typically 0.5ml – 5ml of frozen archive samples from patients with the following conditions	Volume of sample required ml	Number of samples required	Frequency (weekly, monthly etc)
Haemolytic Disease of the Foetus & Newborn (HDFN)			
Sickle Cell disease			
Thalassaemia			
Paroxysmal Nocturnal Haemoglobinuria (PNH)			
Paroxysmal Cold Haemoglobinuria (PCH)			
Myodyspasia			
Auto Immune Haemolytic Anaemia (AIHA)			
Cold Haemolytic Disease (CHAD)			
Determination of Feto-Maternal Haemorrhage (FMH)			
Drug associated AIHA			
Ante natal samples			
For all of the above please note that: <ul style="list-style-type: none"> RCI are unable to detail volumes, specificities or strength (titre/quantification value) of each type in advance but will confirm details and availability on application, Samples can only be released when the minimum RCI retention period has expired, therefore RCI cannot guarantee the availability of any sample, Patient samples supplied may have been initially sampled and tested in RCI laboratories, therefore volumes of materials cannot be guaranteed. 			

APPENDIX G: PATIENT SAMPLES from IBGRL
(*International Blood Group Reference Laboratory*)

Typically 0.5ml – 2ml of frozen archive plasma samples or 0.1ml – 0.5ml of frozen archive red cell samples from patients referred for antibody or phenotype investigation	Volume of sample required ml	Number of samples required	Frequency (weekly, monthly etc)
Antibody investigation – rare antibodies please specify			
Cross matching investigation- rare phenotype please specify			
DNA from samples referred for blood group genotyping			
For all of the above please note that specific requirements should be detailed in section 2.3: <ul style="list-style-type: none"> We are unable to detail volumes, specificities or strength (titre/quantification value) of each type in advance but will confirm details and availability on application, We cannot guarantee the availability of any sample, Patient samples supplied may have been initially sampled and tested in NHSBT laboratories, therefore volumes of materials cannot be guaranteed. 			

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APPENDIX H: CELLULAR AND MOLECULAR THERAPY PRODUCTS

Product	Volume per unit	Number of units required	Frequency (weekly, monthly etc)
HPC(A) (Haemopoietic progenitor cells - Apheresis)	100ml		
HPC (A) Haemopoietic progenitor cells - Apheresis	1ml		
Cryopreserved HPC(A) (Haematopoietic progenitor cells - Apheresis)	1mL		
NOTE: All materials are supplied cryopreserved and availability cannot be guaranteed These products are mobilised products from patients where there is no longer a clinical need for storage For any other CMT product or sample type please detail your requirements in section 2.3			

APPENDIX I: MICROBIOLOGY SERVICES SURVEILLANCE (MSS)

Product	Positive Marker	Volume per unit	Number of units required	Frequency (weekly, monthly etc)
Marker Positive Plasma Unit	(See Section 2.2)	250-270ml		
Marker Negative Plasma Unit	(See Section 2.2)	250-270ml		
Other Archive Sample	(See Section 2.2)	ml		

APPENDIX J: HISTOCOMPATIBILITY AND IMMUNOGENETICS (H&I)

Product <small>(Please provide further details in section 2.2)</small>	Volume per unit	Number of units required	Frequency (weekly, monthly etc)
PI (platelet immunology)			
GI (Granulocyte immunology)			
Typed Donor Platelets			
Typed Donor Granulocytes			
Patient Serum			
Patient Plasma			
Patient DNA Sample			
Donor DNA Sample			

NOTE: Typically, H&I offer Sera to EQA schemes with the following specificities:

- HLA
- HPA
- HNA Ab +ve and -ve

If you have a requirement for this material type for an EQA scheme or NHSBT use, please use the free text box on Section 2.2 to detail your exact requirements for H&I material.

APPENDIX K: HEALTHY DONOR APHERESIS MATERIAL AND RELATED SERVICES

Product / Service	Volume per unit	Number of units required	Frequency (weekly, monthly etc)
Fresh Leukopack	≥150ml		
Frozen (-150°C) Leukopack	≥150ml		
HEALTHY DONOR ADDITIONAL SERVICES (please provide details)			
Donor identification & selection			
Donor screening for participation in clinical trials (protocol to be provided)			
Cell processing <ul style="list-style-type: none"> • Testing e.g., CD3 • Cryopreservation • Cell selection 			
Transport / couriering services			

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APPENDIX L: TISSUE SERVICES*NOTE: Tendons are supplied either decontaminated or irradiated. Please specify at time of ordering*

Item Code	Product (Tissue Services)	Volume per unit	Number of units required	Frequency (weekly, monthly etc)
TP2003	Dried washed irradiated cancellous cubes	10x10x10mm (Pack 5)		
TP2005	Dried washed irradiated cancellous chips	6x6x30mm (Pack 5)		
TP2006	Dried washed irradiated tricortical wedge	30x15mm		
TP2007	Washed irradiated humeral shaft	1		
TP2008	Frozen washed irradiated humeral head	1		
TP2011	Frozen washed irradiated cortical strut	Small 15cm		
TP2012	Frozen washed irradiated cortical strut	Med ^m 19cm		
TP2013	Frozen washed irradiated cortical strut	Large 24cm		
TP2014	Freeze-dried washed irradiated cortical strut	Small 15cm		
TP2015	Freeze-dried washed irradiated cortical strut	Medium 19cm		
TP2016	Freeze-dried washed irradiated cortical strut	Large 24cm		
TP1001	Fresh frozen femoral head	Minimum 50g		
TP1002	Fresh frozen femoral heads	Small		
TP1003	Irradiated fresh frozen femoral head	Minimum 50g		
TP1004	Washed irradiated femoral head	Whole		
TP1005	Frozen washed irradiated femoral head	Half		
TP1006	Freeze-dried washed irradiated femoral head	Whole		
TP1007	Freeze-dried washed irradiated femoral head	Half		
TP1008	Freeze-dried washed irradiated femoral head	Slice		
TP3001	Irradiated ground cancellous/cortical mix	35cc		
TP3002	Freeze-dried irradiated ground cancellous/cortical mix	70cc		
TP3003	Freeze-dried washed irradiated cancellous/cortical - coarse	15cc		
TP3004	Freeze-dried washed irradiated cancellous/cortical - coarse	35cc		
TP3005	Dried washed irradiated cancellous/cortical - medium	15cc		
TP3006	Freeze - dried washed irradiated cancellous/cortical - medium	35cc		
TP3007	Dried washed irradiated cancellous/cortical -- fine	15cc		
TP3008	Dried washed irradiated cancellous/cortical -- fine	35cc		
TP4001	Osteochondral cryopreserved whole patella	11		
TP4008	Osteochondral cryopreserved femoral condyle left lateral	1		
TP4009	Osteochondral cryopreserved femoral condyle right lateral	1		
TP4010	Osteochondral cryopreserved proximal tibia left lateral	1		
TP4011	Osteochondral cryopreserved proximal tibia right lateral	1		
TP4012	Osteochondral cryopreserved femoral condyle left medial	1		
TP4013	Osteochondral cryopreserved femoral condyle right medial	1		

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TP4014	Osteochondral cryopreserved proximal tibia left medial	1		
TP4015	Osteochondral cryopreserved proximal tibia right medial	1		
TP5009	Putty	1cc		
TP5010	Putty	5cc		
TP5011	Putty	10cc		
TP5012	Paste	1cc		
TP5013	Paste	5cc		
TP5014	Paste	10cc		
TP5015	Powder	10cc		
TP2010	Washed irradiated hemi-pelvis	1		
TP4002	Frozen washed irradiated proximal femur right	1		
TP4003	Frozen washed irradiated proximal femur left	1		
TP4004	Frozen washed irradiated distal femur left	1		
TP4005	Washed irradiated distal femur right	1		
TP4006	Washed irradiated proximal tibia left	1		
TP4007	Frozen washed irradiated proximal tibia right	1		
TP4019	Frozen washed irradiated proximal humerus left	1		
TP4020	Frozen washed irradiated proximal humerus	1		
TP7001	Cryopreserved aortic valve	1		
TP7002	Cryopreserved pulmonary valve	1		
TP7003	Cryopreserved non-valved aortic conduit	1		
TP7004	Cryopreserved non-valved pulmonary conduit	1		
TP7005	Cryopreserved superficial femoral artery	Per cm		
TP7006	Pericardium	Patch small		
TP7007	Pericardium	Patch med ^m		
TP7008	Pericardium	Patch large		
TP7010	Cryopreserved Pericardium	1		
TPAdmin	Heart admin fee	1		
TP6001	Frozen whole achilles with bone block	>16cm		
TP6002	Frozen whole patella tendon – with bone block	1		
TP6003	Frozen whole patella tendon – with pre-shaped bone block	1		
TP6004	Frozen whole semitendinosus long	>27cm		
TP6005	Frozen whole semitendinosus medium	20-27cm		
TP6006	Frozen whole semitendinosus short	<20cm		
TP6015	Frozen whole extensor mechanism - custom	1		
TP6019	Frozen whole achilles with bone clock	<16cm		
TP6020	Frozen whole tibialis anterior long	>35cm		
TP6021	Frozen whole tibialis anterior medium	30-35cm		
TP6022	Frozen whole tibialis anterior short	<30cm		
TP6016-18	Meniscus is available either right or left and in a range of sizes. Please contact Customer Care. <i>NOTE: Tendons are supplied either decontaminated or irradiated. Please specify at time of ordering.</i>			
TP6016	Cryopreserved meniscus whole	1		
TP6017	Cryopreserved meniscus medial	1		
TP6018	Cryopreserved meniscus lateral	1		
TP9001	Frozen amniotic membrane	2x2cm		
TP9002	Frozen amniotic membrane	3x3cm		
TP9003	Amniotic membrane	5x5cm		
TP8006	dCELL Dermis® Human dermis small	3x3cm		
TP8007	dCELL Dermis® Human dermis medium	5x5cm		
TP8008	dCELL Dermis® Human dermis large	5x10cm		

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TP8001	Cryopreserved split skin large pack	Minimum 330 CM2		
TP8003	Irradiated split skin large pack	Minimum 330 CM2		
Cost recovery will include next day delivery by 1pm for tissue products				