

Women and Infants Health Specimen Consortium

Inquiry for Specimens

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| --- |
| Date of Inquiry: |
| Name: |
| Company Name: |
| Department: |
| Study Title: |
| IRB approved?  Yes  No  Pending  N/A |

|  |
| --- |
| Study Objectives: |
|  |
| Specimen Types requested: |
|  |
| # of specimens and/or subjects: |
|  |
| Gestational age of specimens: |
|  |
| Inclusion Criteria: |
|  |
| Exclusion Criteria: |
|  |
| Data Needed: |
|  |