

SeraCare eCatalog

Characterized Disease State Inquiry Form

My Disease State Materials Request

I am interested in the following

Disease State(s) _____

Matrix Plasma Serum
 Other _____

Please indicate your specific requirements, if any, for:

Age (specify) _____ Gender Male Female

Unique number of donors (specify) _____

Sample Size 1-2 mL 5 mL 10 mL
 Other (<50 mL) _____

Sample Evaluation Time 3 weeks (standard)
 Other _____

Negative for Virals (check all that apply) No viral testing

Anti-HIV-1 Anti-HIV-2 Anti-HBs
 HBsAg Anti-HBc Anti-HCV
 RPR HIV-1 Ag/NAT ALT
 Other _____

Additional Processing Required

BPL/UV treatment Heat treatment
 Aseptic filtration Other _____

Delivery Timeframe

2-4 weeks 1-2 weeks Rush Other _____

First Order Quantity _____ Total Quantity _____

Contact SeraCare: **By phone, 800.676.1881 (US only)**
By email, info@seracarecatalog.com

Detail of My Specific Need

Use the box below to communicate additional information about your specific need (e.g., titer, preservative, anti-coagulant)

My Preferred Next Contact

I am interested in:

Immediate purchase Pricing Availability

I would like SeraCare to:

Send information Contact me Send quotation

My Contact Information

Name _____

Title _____ Phone _____

Organization _____

Street Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Email _____

All fields required

[Copy to my email](#)
(Available for those with email resident on desktop)

Submit