

SeraCare eCatalog

Normal Human Plasma/Serum Inquiry Form

My Custom Plasma/Serum Request

I am interested in the following

- Plasma – pooled Serum – pooled
 Plasma – donor Serum – donor

Specifications

Gender Male Female No preference
Specific blood type (e.g., AB) _____

Customization Options (check all that apply)

Treatments

- Delipidation Defibrination Analyte Stripping
 Dialysis Hemolysis Heat Treatment
 Filtration (e.g. 0.2 micron, cold, etc.)

Additives

- Preservatives Bacteriostatic agents Antibiotics

Anticoagulants

- EDTA CPDA Heparin

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

- Anti-HIV-1/2 Anti-HTLV I/II ATA
 Anti-HCV Anti-HBc RPR
 HBsAg Anti-HBs Anti-CMV
 HIV Ag Other _____

Go to our [Disease State](#) form to inquire about positive viral plasma/serum

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

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