Immunology Quality Assessment (IQA) Cryopreservation Participation Application

Please complete this form and email to Raul Louzao (raul.louzao@duke.edu)

Date Form Completed (dd/mm/yyyy):	
LDMS Laboratory number If your laboratory does not have LDMS, contact Marlene Cooper at FSTRF (716) 834-0900 ext. 7223) to obtain a copy of the LDMS program.	
Laboratory Name:	
Program Affiliation:	☐ ACTG ☐ IMPAACT ☐ WIHS Other:_____
Laboratory Address:	
Study Coordinator for the Clinical Research Site that uses the lab for specimen processing (name, email, phone number):	
Name and title of responsible Laboratory Personnel for cryopreservation (i.e. Supervisor, Technologist):	
Laboratory Personnel Contact Information (email, phone & fax number) of above:	
Is someone in the laboratory IATA Certified?	☐ Yes ☐ No
Which anticoagulant does your laboratory use for PBMC isolation?	☐ Sodium Heparin ☐ ACD ☐ EDTA K2 ☐ EDTA K3 Other:_____
At what temperature are your whole blood samples stored prior to processing?	☐ Room Temperature ☐ 2ºC to 10ºC ☐ Don't Know
On the average, how many hours does it take from the time of collection until the time the samples are delivered to your laboratory?	☐ 1 to 2 hours ☐ 2 to 4 hours ☐ 4 to 6 hours ☐ 6 to 8 hours ☐ > 8 hours
On the average, how many hours does it take from the time from delivery until the time the samples are processed in your laboratory?	☐ 1 to 2 hours ☐ 2 to 4 hours ☐ 4 to 6 hours ☐ 6 to 8 hours ☐ > 8 hours
What method does your laboratory use to freeze cells?	☐ Automated Control Rate Freezer ☐ Mr. Frosty Other _____
Principal Investigator(s) of Clinical Research Site(s) that uses lab for specimen processing (email, phone & fax number):	
Name and email address for PBMC processors (maximum of 4)	