Sample Record and Shipment Notification

Study:				
Site Name:		Principal Investigator:		
Coordinator:		Telephone:	Email:	
	Please list only ONE subject per	Sample Record Summary and Shipme	nt Notifica	tion Form
GUID:	Please list only ONE subject per	Sample Record Summary and Shipmer		tion Form
GUID:	Please list only ONE subject per			tion Form

Instructions: Ship Frozen Shipments Monday- Wednesday. Ambient Shipments may be shipped Monday- Thursday provided they are received at Indiana University within five days of collection. This form must be completed for shipment of all research samples. Notify Indiana University via biosend@iu.edu in advance of shipment. Please also include a physical copy in the shipment box. Ensure all frozen shipments are completely filled with dry ice.

Date Sample(s) Shipped:

Tracking Number:



Completed by Submitter/Site				
Dates of Draw	Specimen Type	Number of Tubes/ Aliquots sent to BioSEND	Notation of Problems	
	DNA			
	RNA			
	Buffy Coat			
	Plasma			
	Serum			
	CSF			
	Whole Blood			

Contact Information: Indiana University; Email: biosend@iu.edu Ph: 317-278-0594