

DVRP Blood Sample Form

Please complete this form and return it to Indiana University with the corresponding blood sample. Ambient samples should be shipped **Monday – Thursdays only**. Please notify BioSEND ahead of shipment by emailing a copy of this form to biosend@iu.edu.

To: Claire Wegel	Fax: 317-278-1100	Phone: 317-278-6158			
Email: biosend@iu.edu		Tracking #: _____			
From: _____	Site: _____				
Phone: _____	Fax: _____				
Email: _____	Date: _____				
Please fill in the fields below for each sample in the shipment.					
Subject ID	Sex	Kit Number	Date Collected	Date of Visit (if different)	Notes

Notes:

If you have any questions, please contact us at 1-317-278-6158 or biosend@iu.edu.