Sample Record and Shipment Notification

Study:						
Site Name:			P	rincipal Investigator:		
Coordinator:		Te	elephone:		Email:	
Please list only ONE subject per Sample Record Summary and Shipment Notification Form						
GUID:			Subject ID) (ST# from pre-printed	l labels):	
Sex:			Visit Type:			
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 at biosend@iu.edu and the DMR in advance of shipment. Place a copy in the shipment box. Ensure all frozen shipments are completely filled with dry ice.						
Date Sample(s) Shipped:		Tracking		Tracking Numb	er:	
Completed by Submitter/Site						
Dates of Draw	Specimen Type	Number of Tubes/ Aliquots sent to BioSEND		Notat	ion of Probl	ems
	DNA					
	RNA					
	Buffy Coat					
	Plasma					
	Serum					
	CSF					
	Whole Blood					
Contact Information: Indiana University; Email: biosend@iu.edu Ph: 317-278-0594 Data Management Resource (DMR); Email: PDBP-OPS@mail.nih.gov						