

Sample Record and Shipment Notification

Study:

Site Name: Principal Investigator:

Coordinator: Telephone: Email:

Please list only ONE subject per Sample Record Summary and Shipment Notification Form

dbGaP ID: ST-Number (Repository Subject ID):

Gender: Visit Type:

Instructions: Ship Frozen Shipments Monday- Wednesday ONLY! This form must be completed for all shipments. Notify Indiana University in advance of shipment by sending a copy of this form for each to biosend@iu.edu. A copy of this form should also be included in the shipment box. Ensure all frozen shipments are completely filled with dry ice.

Date Sample(s) Shipped: Tracking Number:

In the table below, please indicate the date of specimen collection and number of tubes/aliquots submitted.

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