

## 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**

Clinical ID:  Subject ID (ST# from pre-printed labels):

Gender:  Visit Type:

**Instructions: Ship Frozen Shipments Monday- Wednesday ONLY!** This form must be completed for shipment of all research samples. Notify Indiana University (email preferred) in advance of shipment using contact information below. Place a physical copy 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**