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					
GUID: [Subject ID (ST# from pre-printed labels):	
Gender:				Visit Type:	
Age in Years: []		Plus Months:	
preferred) and the DMR in advance of shipment using contact information below. Place a copy in the shipment box and file a copy of the completed form in the study binder. Shipments are completely filled with dry ice. Date Sample(s) Shipped: 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	Tubes/ Aliquots		Notation of Problems	
	DNA				
	RNA				
	Buffy Coat				
	Plasma				
	Serum CSF				
	Whole Blood				
		<u> </u>			
Contact Information: Indiana University; Email: biosend@iu.edu Ph: 317-278-0594					