Sample Record and Shipment Notification

Study:							
Site Name:			Prii	ncipal Investigator:			
Coordinator:		Te	elephone:		Email:		
	Please list only Of	NE subject per Sample	Record Su	mmary and Shipmer	nt Notifica	tion Form	
GUID:			Subject ID (ST# from pre-printed labels):				
Gender:			Visit Type:				
Age in Years:	Plu				Months:		
Monday- Thursday collection. This for	(preferably Monday m must be complete act information belov	Monday- Wednesday C y- Wednesday) provide ed for shipment of all res v. Please also include a	ed they are reearch sample	eceived at Indiana Unions. Notify Indiana Uni	Jniversity iversity (en	within five days of nail preferred) in adva	ance of
Date Sample(s) Shipped:		FedEx Tracking Number			Number:		
In the table below,	please indicate the	date of specimen coll	ection and ı	number of tubes/alid	quots sub	mitted.	
Completed by Submitter/Site							
Dates of Draw	Specimen Type	Number of Tubes/ Aliquots sent to BioSEND		Notat	ion of Probl	lems	
	DNA						
	RNA						
	Buffy Coat						
	Plasma						
	Serum						
	CSF						
	Whole Blood						
	-						
	Contact Inform	nation: Indiana Univers	situ: Email:	niosand@iu.adu. Pb -	217 270 0	0504	