## **Sample Record and Shipment Notification**

Study:	SCA			
Site Name:			Principal Investigator:	
Coordinator:		Te	lephone:	Email:
Please list only ONE subject per Sample Record Summary and Shipment Notification Form				
Study ID:			Subject ID (ST# from pre-printed	Habels):
GUID:				
			1	
Gender:			Vi	sit Type:
Age in Years:			Plus	Months:
Monday- Thursday (preferably Monday- Wednesday) 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 (email 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.  Ensure all frozen shipments are completely filled with dry ice.  Date Sample(s) Shipped:  FedEx 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 DNA	Number of Tubes/ Aliquots sent to BioSEND		ion of Problems
	RNA			
	Buffy Coat			
	Plasma			
	Serum			
	CSF			
	Whole Blood			
Contact Information: Indiana University; Email: biosend@iu.edu Ph: 317-278-0594				