

## Sample Record and Shipment Notification

Site Name/Number:  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:  Date Sample(s) Shipped:

Plus Months:  FedEx Tracking Number:

Subject Indicator:  Subject's Diagnosis:

**Instructions: Ship Frozen Shipments Monday- Wednesday ONLY! Ambient Shipments (purple-top EDTA tube) may be shipped Monday- Friday (preferably Monday- Thursday) 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 filled with dry ice.**

**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 ( <i>Site fills this in</i> )	Volume of Draw (mL) ( <i>Site does NOT need to fill in any longer</i> )	Notation of Problems
	DNA			
	RNA			
	Plasma			
	Serum			
	CSF			
	WB			

**Contact Information: Indiana University; Email: biosend@iu.edu Ph: 317-278-0495  
Data Management Resource (DMR); Email: PDBP-OPS@mail.nih.gov**