

Biosamples Shipping Record

Screen # _____

STUDY: EPIBIOS4RX**SHIP FROZEN SHIPMENTS MONDAY - WEDNESDAY ONLY!****Ensure all frozen shipments are completely filled with dry ice.****This form must be completed for shipment of all research samples.****Prior to shipping, email a PDF copy of this completed form to BioSEND at biosend@iu.edu.
Also place a hard copy of this form in the shipment box and in the study binder.**

Site Name: _____

Site # _____

(The site # is the 2 digit number in your patient's study ID. Ex. 17 for UCLA, study ID = 3_17_0000)

Principal Investigator: _____

Coordinator Name: _____

Coordinator Telephone: _____

Coordinator Email: _____

PATIENT INFORMATION

Patient's Study ID: _____

(ex. 3_17_0000)

ST Number _____

(FOR ONE PATIENT, ALL VIAL LABELS FROM ALL 6 DRAW TIME POINTS MUST HAVE THE SAME ST NUMBER.)

Patient's Gender

☐ Male ☐ Female ☐ Unknown
☐ Not reported

Patient's Age _____

(years)

SHIPPING INFORMATION:

Date samples were shipped? _____

Time samples were shipped? _____

FedEx Tracking #: _____

Which visit days for this patient are included in the shipment?

- ☐ Day 1
☐ Day 3
☐ Day 5
☐ Day 15
☐ Day 30
☐ Day 90
☐ Day 180

Notation of storage or shipping problems

DAY 1

Blood draw date _____

of plasma vials _____

of buffy coat vials _____

DAY 3

Blood draw date _____

of plasma vials _____

of buffy coat vials _____

DAY 5

Blood draw date _____

of plasma vials _____

of buffy coat vials _____

of PAX tubes _____

DAY 15

Blood draw date _____

of plasma vials _____

of buffy coat vials _____

of PAX tubes _____

DAY 30

Blood draw date _____

of plasma vials _____

of buffy coat vials _____

DAY 90

Blood draw date _____

of plasma vials _____

of buffy coat vials _____

DAY 180

Blood draw date _____

of plasma vials _____

of buffy coat vials _____

CONTACT INFORMATION

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