

Sample Record and Shipment Notification

Study: Site Name:

Coordinator: Telephone: Email:

Please list only ONE subject per Sample Record Summary and Shipment Notification Form

Study ID: Subject ID (ST# from pre-printed labels):

Gender: Visit Type:

Instructions: Ship Frozen Shipments Monday- Wednesday ONLY! This form must be completed for shipment of all research samples. Notify Indiana University (email preferred) 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: Tracking Number:

In the table below, please indicate the date of specimen collection and number of specimens submitted.

Completed by Submitter/Site			
Dates of Draw	Specimen Type	Number of Specimens sent to BioSEND	Notation of Problems
	DNA		
	RNA		
	Buffy Coat		
	Plasma		
	Serum		
	CSF		
	Whole Blood		

Contact Information: Indiana University; Email: biosend@iu.edu Ph: 317-278-0594