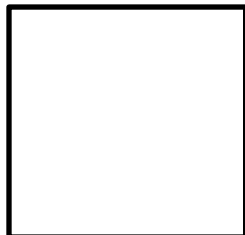


MoTrPAC RAT SPECIMEN PROCESSING – Iowa

| | | | |
|----------------------|-------------------------|---|--|
| Participant ID={PID} | {d_visit} Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | Rev: _____ DE: _____ Date: _____ |
| | Completed | | |
| | {staffID} Timekeeper ID | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

Place MoTrPAC Form label here:



Biospecimen ID = {bid}

| Tech 1 | | | | | |
|---|-----------|---|---|---|-----------------|
| Spin Time {t_edtaspin} | | Freeze Time {t_freeze} | | PAXgene Freeze Time {t_freeze} | |
| <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | | <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> | |
| {sampletypedescription} | {labelid} | {samplenumber} | {volume} | {techid} | {comments} |
| Type | Tube | Sample # | Complete | Processing Technician ID | Comments/Volume |
| PaxGene 30 | 1.1ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | {hemolyzed} |
| PaxGene 30 | 1.1ml | 02 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| EDTA Plasma 31 | 0.5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| EDTA Plasma 31 | 0.5ml | 02 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| EDTA Plasma 31 | 0.5ml | 03 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| EDTA Packed Cells 32 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| EDTA Packed Cells 32 | 1.1ml | 02 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

*ALL times should be entered in 24 hour clock time

Rat Specimen Processing – Iowa _RSPI

Version V4.0_04/03/2019

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| {labelid} | | | Tech 2 | | | | |
|---------------------------------|------------------------------|----------------------------|---|---|---|---|-------------------------------|
| {sampletypedescription} Type | {aliquotdescription} Tube | {samplenumber} Sample # | {volume} Complete | {techid} Processing Technician ID | {t_collection} Collection Time | {t_freeze} Freeze Time | {comments} Comments/Volume |
| Soleus: Right 71 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | {partialamt} |
| Plantaris: Right 72 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Gastrocnemius: Right 36 | 20ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| White Adipose 47 | 20ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Liver 51 | 20ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Lung 49 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Heart 39 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Tech 3 | | | | | | | |
| Type | Tube | Sample # | Complete | Processing Technician ID | Collection Time | Freeze Time | Comments/Volume |
| Hypothalamus 35 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Hippocampus 33 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Cortex: Right 34 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Cortex: Left 34 | 2ml | 02 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |

*ALL times should be entered in 24 hour clock time

| Tech 4 | | | | | | | |
|---------------------------------|------------------------------|-------------------------|---|---|---|---|-------------------------------|
| {sampletypedescription} Type | {aliquotdescription} Tube | {samplenum} Sample # | {volume} Complete | {techid} Processing Technician ID | {t_collection} Collection Time | {t_freeze} Freeze Time | {comments} Comments/Volume |
| Kidney 40 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | {partialamt} |
| Adrenal (both) 41 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Spleen 43 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Brown Adipose 46 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Aorta 48 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Small Intestine 50 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Colon 42 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Feces 74 | 2ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Testes (left) 44 | 20ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Ovaries (both) 45 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Vastus Lateralis 37 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Tibia 38 | 5ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |

*ALL times should be entered in 24 hour clock time

| {labelid} | | | Other | | | | |
|--|------------------------------|----------------------------|---|---|---|---|-------------------------------|
| {sampletypedescription} Type | {aliquotdescription} Tube | {samplenumber} Sample # | {volume} Complete | {techid} Processing Technician ID | {t_collection} Collection Time | {t_freeze} Freeze Time | {comments} Comments/Volume |
| Femur: Right 75 | 50ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | {partialamt} |
| Soleus: Left (histology) 79 | 50ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Plantaris: Left (histology) 78 | 50ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Gastrocnemius: Left medial (histology) 76 | 50ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |
| Gastrocnemius: Left lateral (histology) 77 | 50ml | 01 | <input type="checkbox"/> full <input type="checkbox"/> N/A <input type="checkbox"/> partial <input type="checkbox"/> Not | <div></div> <div></div> <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | <div></div> <div></div> : <div></div> <div></div> : <div></div> <div></div> | |