

Site Number: \_\_\_\_\_ Screening ID: \_\_\_\_\_ - \_\_\_\_ First 3 Letters of First Name: \_\_\_\_\_

**A. COLLECTION INFORMATION**

- Label one 5 ml plain red top tube with a subject identifier. Do not use a barcode for this tube.
- Label one 4 ml cryovial with the appropriate barcode label indicating specimen type from an **unused** SERO barcode label sheet. Write in the first three letters of the participant's first name and the date of draw (MM/DD/YYYY) with an alcohol-proof pen. Apply the label vertically.
- Attach matching barcode labels from the **same barcode sheet** to each page of this Specimen Transmittal Form in **Section B**.
- Draw blood into the 5 ml plain red top tube. Rotate tube gently and place upright in tube rack. Allow blood to clot for 15-30 minutes at room temperature (65-75° F).
- Centrifuge sample for 10-15 minutes.
- Transfer serum into an appropriately labeled 4 ml cryovial. Screw the top on tightly to prevent leakage.
- Place samples upright in a 3" partitioned freezer storage box. Samples from multiple subjects may be placed in the same box.
- Freeze at -20° C.

1. Date specimen collected: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 MM DD YYYY

2. For which visit, in the study sequence, is this form being completed? (*check one*)

1 Screening       99 Other

**B. SPECIMEN INFORMATION**

1. Place SERO Barcode Label Here:



**C. SHIPPING INFORMATION**

- Place the 3" partitioned freezer storage box into a biohazard Ziploc bag with an absorbent sheet.
- Place the yellow copy of this completed form into the outside sleeve of the bag.
- Place the bag into a large styrofoam box filled to capacity with dry ice (at least 5 lbs or 3 kg) and tape outer cardboard box securely closed.
- Affix the following **two** labels to the outside of the box: 1) Black Diamond UN1845 Dry Ice Label, 2) Diamond UN 3373 Diagnostic Specimen Label (Placed on the same side as the Black Diamond Dry Ice Label)
- Prepare and print a pre-paid airbill to FedEx all samples **Priority Overnight** to:  
 Specimen Processing, Northwest Lipid Research Laboratories  
 401 Queen Anne Avenue North  
 Seattle, WA 98109-4517  
 Phone: (206) 685-3327
- **Ship specimens Monday – Thursday only** (except days before U.S. federal holidays).

1. Shipped By Name: \_\_\_\_\_ 2. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Date Shipped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. Comments: \_\_\_\_\_  
 MM DD YYYY

**D. For TrialNet Core Lab Use Only**

Sample Received?    Y    N    Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    **Place Lab Barcode Label Here**

Comments: \_\_\_\_\_

*On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates.  
 Write "\*" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*