

Site Number: _____

Screening ID: _____ - ____

First 3 Letters of First Name: _____

A. COLLECTION INFORMATION

- Label two 10 ml green top (sodium heparin) blood collection tubes with a subject identifier.
- Label each 10 ml tube with the appropriate barcode label indicating specimen type (ELSPT) from an **unused** ELSPT 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 barcode 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 two 10 ml green top tubes and gently invert the tube **6-8** times to mix the sample. **DO NOT CENTRIFUGE**.
- Keep tubes **at ROOM TEMPERATURE**. Ship as **whole blood PRIORITY OVERNIGHT** the same day as blood is drawn!
- **SAMPLES MUST BE SHIPPED ON THE DAY OF THE BLOOD DRAW!!**

1. Date specimen collected:

____ / ____ / ____
MM DD YYYY

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

2 Baseline

14 Month 6

23 Month 18

99 Other

8 Month 3

17 Month 12

29 Month 24

B. SPECIMEN INFORMATION

1. Place ELSPT Barcode Label Here:



C. SHIPPING INFORMATION

- Place the two 10 ml blood collection tubes of whole blood into a styrofoam tube holder with an absorbent pad.
- Place the styrofoam tube holder into a cardboard sleeve and then into a biohazard Ziploc bag.
- Place the yellow copy of this completed form in the outside sleeve of the bag.
- Ship sample at **ROOM TEMPERATURE** in a styrofoam shipping container. Tape outer box securely closed.
- Affix the following label to the outside of the box: "Diagnostic Specimens"
- Prepare and print a pre-paid airbill to FedEx all samples **Priority Overnight** to:
UCHSC
Barbara Davis Center
ATTN: Rebecca Wagner /Gottlieb Lab
1775 North Ursula Street, Room 4201U
Aurora, Co 80010
Phone: (303) 724-6804
- Ship specimens **Monday-Thursday** (except days before a U.S. federal holiday)

1. Shipped By Name: _____

2. Phone #: (____) _____ - _____

3. Date Shipped:

____ / ____ / ____
MM DD YYYY

4. 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).