

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 (on **Week 2** label one **10 ml** plain red top tube to collect blood for both MMF and DZB levels). Do not use a barcode for this tube.
- Label one 4 ml cryovial with the appropriate barcode label indicating specimen type (MMF) from an **unused** MMF 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 the 5 ml plain red top tube (on **Week 2** draw blood in a **10 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 pre-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*)

- | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> 4 Week 2 | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 99 Other |
| <input type="checkbox"/> 8 Month 3 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 29 Month 24 | |

B. SPECIMEN INFORMATION

1. Place MMF 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).*