

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

**A. COLLECTION INFORMATION**

- Label one 2 ml lavender top blood collection tube BD# 367842 with the appropriate barcode label indicating specimen type (HbA1c) from an **unused** HbA1c barcode label sheet. Write in the date of draw (DATE/MONTH/YEAR) 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 2 ml lavender top tube and gently invert the tube **6-8** times to mix the sample. **DO NOT CENTRIFUGE**.
- Screw the top on tightly to prevent leakage.
- **Freeze samples on dry ice, or in a -70°C or -20°C freezer.**

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"/> 1 Screening | <input type="checkbox"/> 14 Month 9  | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 31 Month 30 | <input type="checkbox"/> 34 Month 48 |
| <input type="checkbox"/> 8 Month 3   | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 26 Month 21 | <input type="checkbox"/> 32 Month 36 | <input type="checkbox"/> 99 Other    |
| <input type="checkbox"/> 11 Month 6  | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 29 Month 24 | <input type="checkbox"/> 33 Month 42 |                                      |

**B. SPECIMEN INFORMATION**

1. Place HbA1c Barcode Label Here:



**C. SHIPPING INFORMATION**

- Place the 2” partitioned freezer storage box with samples 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 UN 1845 Dry Ice Label and 2) Diamond UN 3373 Diagnostic Specimen Label (Placed on the same side as the Black Diamond Dry Ice Label).
- These tubes may be combined with other metabolic test samples, e.g. MMTT, GST, OGTT, or IVGTT, in the same 2” partitioned freezer storage box.

REFER TO THE SEPARATE INSTRUCTIONS FOR THE SCHEDULE AND COMPLETION OF THE SHIPMENT AIRWAY BILL TO THE CORE LAB.

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).