

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: ____ / ____ / ____
MM DD YYYY

4. Comments: _____

D. For TrialNet Core Lab Use Only

Sample Received?

Y N

Date Received:

____ / ____ / ____
MM DD YYYY

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).