



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: \_\_\_\_\_ *pkdid*

Clinical Center: \_\_\_\_\_ *pccn*

visit:

## NIDDK – CRISP Genetics Initiative Phlebotomy Form

SHIP AT ROOM TEMPERATURE IN SAFETY MAILER  
ENCLOSE A COPY OF THIS FORM WITH BLOOD KIT

**FOR RU LAB USE ONLY:**

TO: DR. DOUGLAS FUGMAN/GENETICS  
RUTGERS UNIV./CELL REPOSITORY  
DIV. LIFE SCIENCES – NELSON LABS  
604 ALLISON ROAD (RM. C120A)  
PISCATAWAY, NJ 08854-8082

FAX: (732) 445-1149  
PHONE: (732) 445-1498

WEB FORM: <http://rucdr.rutgers.edu/shippingblood>

INITIAL: \_\_\_\_\_

YELLOW ML: \_\_\_\_\_

ID#: \_\_\_\_\_

FROM (NIDDK-CRISP SITE):

**SHIPMENT TO INCLUDE BLOOD  
SAMPLES FOR CELL LINES**

# YELLOW TOP TUBES: \_\_\_\_\_

**NIDDK-CRISP STAFF: PLACE TUBE LABEL HERE OR COMPLETE BY HAND**  
(VERIFY INFO AGAINST INFO ON BLOOD TUBES!!!)

SEX: M \_\_\_ F \_\_\_ AGE: \_\_\_\_\_

ALTERNATE ID#: \_\_\_\_\_

CRISP-NIDDK-ID#: \_\_\_\_\_

**TO BE COMPLETED AT COLLECTION SITE:**

DATE BLOOD DRAWN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TIME DRAWN: \_\_\_\_\_ DRAWN BY: \_\_\_\_\_  
*MONTH – DAY – YEAR* (24 HOURS) *timedr*

CONTACT THE RUTGERS CELL & DNA REPOSITORY TO CONVEY PACKAGE TRACKING NO./DATE OF SHIPMENT (SEE BELOW). IF BLOOD IS SHIPPED ON A FRIDAY FOR SATURDAY DELIVERY, NOTIFY RUTGERS AND CHECK FEDEX FORM FOR SATURDAY DELIVERY.

EMAILED/FAXED/ CALL IN BY: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ AM/PM  
(SEE RUTGERS FAX/PHONE #S ABOVE) DATE *emfxdt* TIME

PACKAGE TRACKING #: \_\_\_\_\_ (CHECK SATURDAY DELIVERY ON DELIVERY FORM IF APPLICABLE)  
*packtrk*

**TO BE COMPLETED BY RUTGERS UNIVERSITY CELL & DNA REPOSITORY**

PRIOR NOTIFICATION REC'D: YES \_\_\_ NO \_\_\_ - IF YES, DATE/TIME \_\_\_\_/\_\_\_\_/\_\_\_\_ AM/PM  
CONFIRMATION OF RECEIPT OF BLOOD  
SAMPLE TO NIDDK SITE SENT BY: \_\_\_\_\_ DATE/TIME \_\_\_\_/\_\_\_\_/\_\_\_\_

CRISP Member completing this form \_\_\_\_\_  
*cdidnum*

Date Form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_  
*cddate*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*deidnum* *dedate*

Secondary Entered by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_