Participant ID:_____ pkdid



This form is to be completed for the serum and plasma samples to be collected from the study participant and shipped to NIDDK Repository at Fisher Bioservices.

To complete the form:

I.

CRISP II

- 1. Verify the number of tubes per sample and enter in the appropriate field below.
- 2. Number the pages in sequence (lower right hand corner).
- When shipping, check the field in the appropriate column below. If, or any reason, a sample will *never* be shipped to the repository (if it was lost, destroyed, or never collected), the reason must be provided in the appropriate field below.
- 4. Copies of completed forms are to be retained at the collection site.

ate of Collection:/	/	_ dtcoll	
Sample Type	Tube	Number of Tubes	Check V

	Sample Type	Tube Size	Number of Tubes	Check When Shipped	Sample Not Shipped	Reason Sample Will Never Be Sent
1	SST Tiger-top for serum			ttsh	ttnotsh	
2	SST Green/gray for plasma			gssh	gsnotsh	

II. Shipping Information

Number the pages in sequence and staple the packet to create manifest for shipment. The shipping information below is only required on the *first* page of the manifest per shipment. Copies of all completed pages are to be copied and retained at the site. The originals are to be included in the shipment. Refer to the Manual of Procedures for shipping instructions.

Samples are to be shipped via next-day serv	ice to: Heather Higgins Fisher Bioservices 20301 Century Blvd. Bldg. 6, Suite 400 Germantown, MD 20874 Phone: (240) 686-4703				
FedEx Air Bill Number:	_fedexnum Date of Shipment:/shipdt				
Name of Shipper/Form Completer:	E-mail Address:				
Phone: () Fax: ()				
Temperature: □ Celsius □ Fahrenheit temp celfah	Number of Boxes: Page of				
CRISP Member completing this form	cdidnum				
Data Entry Status: Please check to indicate that	at the above information has been entered \Box				
Primary Entered by:					
Secondary Entered by:	Date //				