



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

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

visit:

**Shipping Manifest: Repository – Urine Samples**

This form is to be completed for the urine samples to be collected from the study participant and shipped to the NIDDK Repository at Fisher Bioservices. Samples are to be stored at the collection site (-80 degrees Celsius) and shipped to Fisher on a quarterly basis. This form must be completed at the time of collection and kept in sequential order to reflect samples being stored at the site.

**To complete this form:**

1. Verify the number of tubes per sample and enter it in the appropriate field below.
2. Enter Specimen Box ID(s) in which tubes are stored. Cell IDs are optional. Note: Boxes are to be filled sequentially. Ideally, cells are filled from left to right and top to bottom for quicker cross checks when samples are received at Fisher.
3. Number the pages in sequence (lower right hand corner) and store then in the PCC freezer until time of shipment.
4. When shipping, check the field in the appropriate column below. If, for any reason, a sample will *never* be shipped to the lab (if the sample was lost, destroyed, or not collected), the reason must be provided in the appropriate field below.
5. Copies of completed forms are to be retained at the collection site. The originals are to be sent with the shipment

Date of Collection: \_\_\_\_/\_\_\_\_/\_\_\_\_ dtcoll

**I. Sample Information**

	Sample Type	Number of Tubes	Box ID	Cell ID	Check When Shipped	Provide Reason if Sample Will Never be Shipped
1	Fresh Void				fvsh <input type="checkbox"/>	
2	Pellet				pelish <input type="checkbox"/>	

**II. Shipping Information**

Number the pages in sequence and staple the packet to create a single manifest per shipment. The shipping information below is only required on the *first* page of the manifest per shipment. Retain copies of all completed pages at the site. The originals are to be included in the shipment.

**Samples are to be shipped via next-day service to:**

Heather Higgins  
Fisher Bioservices  
20301 Century Blvd.  
Bldg. 6, Suite 400  
Germantown, MD 20874  
Phone: (240) 686-4703

FedEx Air Bill Number: \_\_\_\_\_ ufedexnum **Date of Shipment:** \_\_\_\_/\_\_\_\_/\_\_\_\_ urshipdt**Name of Shipper/Form Completer:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_**Temperature:** \_\_\_\_\_  Celsius  Fahrenheit **Number of Boxes:** \_\_\_\_\_ urnumbox **Page** \_\_\_\_\_ **of** \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_ dedate  
deidnum

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