Participant ID:_____ *pkdid*   **Clinical Center**: _____ *pccn*

CRISP II

visit:

Shipping Manifest: Cleveland Clinic

This form is to be completed for the serum creatinine samples to be collected from the study participant and shipped to the reference laboratory at Cleveland Clinic. Samples are to be stored at the collection site (-20 degrees Celsius or colder) and shipped to Cleveland Clinic 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.

Specimen: CRETS
Account#: 7395

To complete this form:
1. Verify the number of tubes per sample and enter it in the appropriate field below.
2. Number the pages in sequence (lower right hand corner) and store then in the PCC freezer until time of shipment.
3. When shipping, check the field in the appropriate column below. If, or 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.
4. 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	Check when Shipped	Provide Reason if Sample Will Never be Shipped
1	Serum for Creatinine			

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. Refer to the Manual of Procedures for shipping instructions.

Samples are to be shipped to: Cleveland Clinic Reference Library
9500 Euclid Avenue, L15
Cleveland, OH 44195
(216) 444-8108

FedEx Air Bill Number: _____*clfedexnm*   **Date of Shipment** ____/____/_____*clshipdt*

Name of Shipper/Form Completer: _____   **E-mail Address:** _____

Phone: (_____)_____   **Fax: (_____)_____**

Temperature: _____   ☐ Celsius   ☐ Fahrenheit   **Number of boxes** _____   **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 __ __/__ __/__ __ __ __