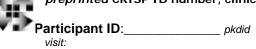
CRISP Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.



Clinical Center: _____ pccn

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.

To complete this form:

Specimen: CRETS Account#: 7395

- 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 checked and an explanation 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

Check if shipped		Sample Type	Number of Tubes	Accession ID	I not shipped, reason (check one)	Explain
□ crsh	1	Serum for Creatinine		accn	Lost Destroyed Not collected Other	crexp

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 2119 East 93 rd Street, L#15 Cleveland, OH 44106
	Cleveland, OH 44106

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 Pageof
CRISP Member completing this form	
Date Form Completed///	cdidnum
Data Entry Status: Please check to indicate the	at the above information has been entered \Box
Primary Entered by:	Date:// <i> dedate</i>
Secondary Entered by:	Date//