



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*
visit:

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.

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, 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 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
<input type="checkbox"/> <i>crsh</i>	1	Serum for Creatinine		<i>accn</i>	<input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Not collected <input type="checkbox"/> Other	<i>crexp</i>

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 93rd Street, L#15
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 _____ 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: ____/____/____ *deidnum* *dedate*

Secondary Entered by: _____ Date ____/____/____