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

visit:

Shipping Manifest: Serum/Plasma Samples

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:
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).
3. 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 checked and an explanation provided in the appropriate field below.
4. Copies of completed forms are to be retained at the collection site.

Date of Collection: ____/____/_____ *dtcoll*

I. **Sample Information**

Check if shipped		Sample Type	Tube Size	Number of Tubes	If not shipped, reason (check one)	Explain
☐ *ttsh*	**1**	**SST** Tiger-top for serum			☐ Lost ☐ Destroyed ☐ Not collected ☐ Other *ttreas*	*ttexp*
☐ *gssh*	**2**	**PST** Green/gray for plasma			☐ Lost ☐ Destroyed ☐ Not collected ☐ Other *gsreas*	*gsexp*

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 service 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 **Number of Boxes: _____**   **Page _____ of ____**
temp   *celfah*   *numbox*

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 __ __/__ __/__ __ __ __