



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: 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 checked and an explanation 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

Check if shipped		Sample Type	Number of Tubes	Box ID	Cell ID	If not shipped, reason (check one)	Explain
<input type="checkbox"/> fvsh	1	Fresh Void				<input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Not collected <input type="checkbox"/> Other fvreas	fvexp
<input type="checkbox"/> pellsh	2	Pellet				<input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Not collected <input type="checkbox"/> Other pereas	peexp

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: _____ Page _____ of _____
urnumbox

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 ____/____/____