# Frequent Hemodialysis Network (FHN)
# <u>U.S.</u> BIOLOGICAL SPECIMEN REPOSITORY MAILING FORM - #255

**NIDDK BioRepository Contact Information**

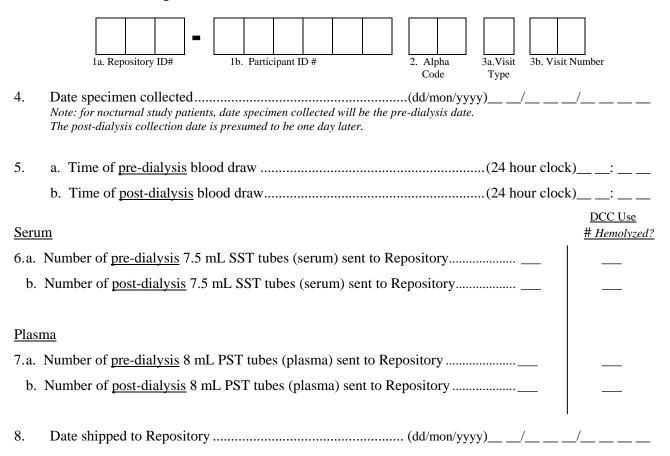Address: Fisher BioServices           Email: **Bio-NIDDKRepository@thermofisher.com**
        Attn: Lab Manager
        NIDDK Repository           Phone:   (240) 686-4703 (Heather Higgins)
        20301 Century Blvd.         Phone    (240) 686-4702 (Sandra Ke)
        Building 6, Suite 400        Fax:     (301) 515-4049
        Germantown, MD 20874

You will need to complete one Form 255 for each PID in the shipment.  Ship samples to the address above in the mailer provided.  Spin tubes and ship them on cold packs. Mondays through Thursdays, notify the repository of shipments by e-mail* or by facsimile on the day the package is picked up by FedEx.  Refer to Chapter 22 for details on how to process vacutainers for shipment.  ***Do not ship on Fridays***.  Enclose this original form in the mailer. Keep a copy of this form. *Enter items 1 to 9a only into the FHN database.*

On shipping day, send an email message to: <mark>*Bio-NIDDKRepository@thermofisher.com*</mark>.  For the e-mail message, use the following template:
"Please be advised that biorepository samples for patient(s) xxxxxx-xx has/have been shipped by Fed-ex today, (dd/mmm/yy). Tracking number is xxxx-xxxx-xxxx. Please confirm with us upon receipt."

## Section A:  To be completed at the FHN site:

| 1a. Repository ID# | 1b. Participant ID # | 2. Alpha Code | 3a.Visit Type | 3b. Visit Number |
|---|---|---|---|---|
| ☐☐☐ | - ☐☐☐☐☐☐☐ | ☐☐ | ☐ | ☐☐ |

4.      Date specimen collected...........................................................(dd/mon/yyyy)__ __/__ __ __/__ __ __ __
         *Note: for nocturnal study patients, date specimen collected will be the pre-dialysis date.*
         *The post-dialysis collection date is presumed to be one day later.*

5.      a.  Time of <u>pre-dialysis</u> blood draw ............................................................(24 hour clock)__ __: __ __

        b.  Time of <u>post-dialysis</u> blood draw...........................................................(24 hour clock)__ __: __ __

                                       <u>DCC Use</u>
<u>Serum</u>                                        *# Hemolyzed?*

6.a.  Number of <u>pre-dialysis</u> 7.5 mL SST tubes (serum) sent to Repository.................... ___   |   ___

   b.  Number of <u>post-dialysis</u> 7.5 mL SST tubes (serum) sent to Repository................. ___   |   ___

<u>Plasma</u>

7.a.  Number of <u>pre-dialysis</u> 8 mL PST tubes (plasma) sent to Repository ....................___   |   ___

   b.  Number of <u>post-dialysis</u> 8 mL PST tubes (plasma) sent to Repository ..................___   |   ___

8.      Date shipped to Repository .................................................. (dd/mon/yyyy)__ __/__ __ __/__ __ __ __

9.    a.    Username of person completing this form.............................................................__ __ __ __ __ __

*Items 9 b, c, & d are required by NIDDK BioRepository at Fisher but will not be entered into the database.*

      b.    Telephone number:.................__ __ __/__ __ __/__ __ __ __

      c.    E-mail address:_____

      d.    Name of FHN Clinical Center:........................._____

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*Items contained in the boxes are for individual center use only. They will not be entered into the database.*

| BioRepository notified via Email ____ Fax ____ | Notified by: | Date of Notification: | Time: __ __ : __ __ |
|---|---|---|---|
| Fed Ex Tracking #: _____ | | __ __ / __ __ __/ __ __ __ __ <br> (dd/mon/yyyy) | (24 hour clock) |

**Section B:  To be completed by the NIDDK Bio Repository at Fisher**

Completed by _____        Date of Receipt (dd/mon/yyyy) __ __/ __ __ __/ __ __ __ __

Do the PID's on this form correspond with the PID's on the vacutainer labels?............Yes __ No __

Were any of the samples hemolyzed? (Notify DCC)..............................................................Yes ___ No ___

If not, describe the error as well as any other discrepancies and notify a supervisor_____

_____

_____

**For Clinical Center Use Only:**

**200.  Username of person entering this form:** __ __ __ __ __ __ __

**201.  Date Entered: (dd/mon/yyyy)** __ __/__ __ __ /__ __ __ __