

Frequent Hemodialysis Network (FHN)
INTERNATIONAL BIOLOGICAL SPECIMEN REPOSITORY
MAILING FORM - #256

NIDDK BioRepository Contact Information

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

You will need to complete one form F256 for each PID in the shipment. Ship samples to the address above in the mailer provided. See specific details in the FHN MOP Chapter 22, for detailed instructions for when to ship and how to complete the necessary documents for dry ice and international shipping. Notify the repository of shipments by e-mail* or by facsimile on the day the package is picked up by FedEx. Photocopy all forms and save copies for your files. Include all originals in the mailer. Enter items 1 to 9a only into the FHN database.

*On shipping day, send an email message to: Bio-NIDDKRepository@thermofisher.com. 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 by Clinical Center

Form fields for Repository ID#, Participant ID #, Alpha Code, Visit Type, and Visit Number.

- 4. Date specimen collected..... (dd/mon/yyyy)
5. a. Time of pre-dialysis blood draw (24 hour clock)
b. Time of post-dialysis blood draw..... (24 hour clock)

Table for Serum Products Sent/Received with columns for Number Sent by FHN Site and Number Rec'd at Fisher.

Table for Plasma Products Sent/Received with columns for Number Sent by FHN Site and Number Rec'd at Fisher.

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d. Number of other quantity ml aliquots of post-dialysis plasma sent:..... ____ ____

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: _____

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: ____/____/____ (dd/mon/yyyy)	Time: ____:____ (24 hour clock)
Fed Ex Tracking #: _____			

Section B: To be completed by the NIDDK BioRepository at Fisher

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

Do the PID's on this form correspond with the PID's on the cryovial 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) ___/___/___