

# Frequent Hemodialysis Network CANADIAN REPOSITORY COLLECTION DATE – FORM #257

Instructions: For Canadian Center Use Only. Follow instructions in Chapter 22 of MOP for blood processing and freezing instructions. Complete and enter this Form 257 into database (Complete and enter Form 256 when shipping to the Repository).

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1. Participant ID #

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2. Alpha Code

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3a. Visit Type

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3b. Visit #

4. Date blood collected for Repository (dd/mon/yyyy) ..... \_ \_ / \_ \_ / \_ \_ \_ \_

200. Date this form completed (dd/mon/yyyy)..... \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_

201. Username of person completing this form..... \_ \_ \_ \_ \_

**For Clinical Center Use Only:**

202. Username of person entering this form: \_ \_ \_ \_ \_

203. Date Entered: (dd/mon/yyyy) \_ \_ / \_ \_ \_ \_ / \_ \_ \_ \_