

DAC Study
NIDDK Biosample Repository
Serum Separator Tube Shipment Form

NIDDK Biosample Repository contact information:

Address:	Attn: Heather Higgins Fisher BioServices NIDDK Biorepository 20301 Century Blvd. Bldg. 6, Suite 400 Germantown MD 20874	Email:	BIO-NIDDKRepository@FisherSci.com
		Phone:	(301) 252-6214 (Rich) (240) 793-0353 (Heather)
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Section A: To be completed by the collection site (Send original form to the repository, and retain a copy for your files for data entry.)

Completed by: _____ Date: _____

Name and address of collection site:

Name: _____

Street: _____

City/State/Zip: _____

Sample Information:

Send only samples in 7.5 ml serum separator tubes with red/grey tiger-top caps to repository.

Sample ID#: _____ Alternate ID#: _____

Date blood drawn: _____ / _____ / _____ Time drawn: _____ (24 hour clock/
Month / Day / Year military time)

Is the blood heparinized? (circle one) Yes / No # of SST tubes shipped: _____

When was the sample drawn? (circle one) pre drug / on drug / post drug

Ship samples to the biorepository address listed above. Ship SST tubes on frozen gel packs using the shipping kit provided by the repository. Notify the repository of shipments by email or facsimile on the day the package is picked up by FedEx.

Biorepository notified via (circle one): Fax Email

Biorepository notified by: _____

Date of Notification: _____ / _____ / _____ Time: _____ AM / PM

FedEx Tracking Number: _____

Section B: To be completed by the NIDDK Biorepository

Completed by: _____ Date of receipt: _____ / _____ / _____

Do the sample IDs on this form correspond with the IDs on the vial labels? Yes / No

If not, describe the error as well as any other discrepancies, and notify a supervisor. _____

