NIDDK GENETICS INITIATIVE PHLEBOTOMY FORM - DAC STUDY

SHIP AT ROOM TEMPERATURE IN SAFETY MAILER ENCLOSE A COPY OF THIS FORM WITH BLOOD KIT

FOR RU LAB USE ONLY: To: Dr. Douglas Fugman/Genetics Fax: (732) 445-1149 RUTGERS UNIV./CELL & DNA REPOSITORY PHONE: (732) 445-1498 DIV. LIFE SCIENCES - NELSON LABS INITIAL: 604 ALLISON ROAD (RM. C120A) PURPLE ML: _____ PISCATAWAY, NJ 08854-8082 WEB FORM: http://rucdr.rutgers.edu/shippingblood ID#: FROM (NIDDK SITE): SHIPMENT TO INCLUDE BLOOD SAMPLES FOR DNA/PLASMA # PURPLE TOP TUBES: FOR WB DNA/PLASMA NIDDK STAFF: PLACE TUBE LABEL HERE OR COMPLETE BY HAND (VERIFY INFO AGAINST INFO ON BLOOD TUBES!!!) SEX: M F AGE: SAMPLE ID#: ALTERNATE ID#: _____ TO BE COMPLETED AT COLLECTION SITE (BE SURE TO KEEP A COPY FOR YOUR FILES FOR DATA ENTRY): IS THE BLOOD HEPARNIZED? (CIRCLE ONE) YES Nο WHEN WAS THE SAMPLE DRAWN? (CIRCLE ONE) PRE DRUG / ON DRUG / POST DRUG TIME DRAWN: DATE BLOOD FORM COMPLETED BY: DRAWN: Month – Day – Year (24 HOURS) CONTACT THE RUTGERS CELL & DNA REPOSITORY TO CONVEY PACKAGE TRACKING NO./DATE OF SHIPMENT (SEE BELOW). IF BLOOD IS SHIPPED ON A FRIDAY FOR SATURDAY DELIVERY. CHECK FEDEX FORM FOR SATURDAY DELIVERY. EMAILED/FAXED/ CALL IN BY*: (SEE RUTGERS FAX/PHONE #S ABOVE) PACKAGE TRACKING #: (CHECK SATURDAY DELIVERY ON DELIVERY FORM IF APPLICABLE) To Be Completed by Rutgers University Cell & Dna Repository PRIOR NOTIFICATION REC'D: YES ____ NO ____ - IF YES, DATE/TIME ____ / ___ / ___ AM/PM CONFIRMATION OF RECEIPT OF BLOOD SAMPLE TO NIDDK SITE SENT BY:

______ Date/Time / /