

# FORM295

## FSGS Novel Therapies (FONT-II)

### Biological Specimen Repository Mailing Form (Form # 295)

#### NIDDK Biosample Repository Contact Information

Address: Fisher Bioservices  
Attn: Heather Higgins  
NIDDK Repository  
20301 Century Blvd.  
Building 6, Suite 400  
Germantown, MD 20874

Email: Bio-NIDDKRepository@thermofisher.com

Phone: (240) 686-4702 (Sandra)  
Phone: (240) 793-0353 (Heather)  
Fax: (301) 515-4049

Ship samples to the address above in the mailer provided. Ship tubes on cold packs *within the shipping system*. Mondays through Thursdays, notify the repository of shipments by e-mail or by facsimile on the day the package is picked up by FedEx. Send only 4.5 ml plasma separator tubes with light green caps, 4 ml serum separator tubes with gold caps and urine collection cups to the repository. Enclose this original form in the mailer. Keep a copy of this form. Key enter items 1 to 13.

#### Section A: To be completed at the FONT Participating Site:

Name and Street Address of FONT Participating Site: \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<b>F</b>	<b>2</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1. Sample ID number (NIH Repository Site Identifier – FONT Participant ID)  
NIHNO                      PID

2. Alpha code                      ALPHCD

3. Visit Number                      CPEVENT / VISIT\_NUMBER / SUBEVENT\_NUMBER

- 4. Date of blood collection .....(dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ COLDT1
- 5. Time of blood draw (24 hour clock).....: \_\_\_\_ COLTM1
- 6. Number of 4 mL SST tubes (serum) sent to Repository ..... SENTUB1
- 7. Number of 4.5 mL PST tubes (plasma) sent to Repository..... SENTUB2
- 8. Date of urine collection .....(dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ COLDT2
- 9. Time of urine collection ..... (24 hour clock) \_\_\_\_: \_\_\_\_ COLTM2
- 10. Number of containers of urine sent to Repository ..... REPNUM
- 11. Approximate volume of urine sent to Repository ..... (ml) \_\_\_\_ REPVOL
- 12. Date shipped to Repository..... (dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ SHIPDT
- 13. Username of person completing this form.....

Biorepository notified via      Notified by:                      Date of                      Time:  
Email \_\_\_\_ Fax \_\_\_\_                      Notification:                      \_\_\_\_\_

**FAX COMPLETED FORM TO FONT STUDY DESK**  
**UMich (734) 232-2353                      NYU (212) 263-4053**

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Fed Ex Tracking #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (24 hour clock)

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

Completed by \_\_\_\_\_ Date of Receipt \_\_\_\_\_

Do the ID's on this form correspond with the ID's on the vial labels? Yes \_\_\_ No \_\_\_

If not, describe the error as well as any other discrepancies and notify a supervisor \_\_\_\_\_