

Urine Specimen Mailing List

This mailing list is used whenever the GoKinD clinic ships a container of urine specimens to the Central Biochemistry Laboratory (CBL) for renal studies. Urine specimens have accession numbers with the prefix "UScr1, UScr2, or UScr3." Time of void should be recorded using military time, i.e., 0900, 1300, 2100.

Three copies of this form are to be distributed as follows	Three	copies	οf	this	form	are	to	be	distributed	as	follows
--	-------	--------	----	------	------	-----	----	----	-------------	----	---------

(1) ORIGINAL COPY Complete and place inside insulated shipping container with specimens.

Mail to: GoKinD Central Biochemistry Laboratory

Fairview University Medical Center Room L275 Mayo, Memorial Bldg. 420 Delaware Street, S.E. Minneapolis, MN 55455

Telephone: (612) 273-3645

(2) YELLOW COPY Send a copy to the Coordinating Center in the weekly forms mailing.

(3) PINK COPY Retain copy in clinic files.

Clinic #: Clini	ic	
Specimens Shipped on:	_// Byshipdt	
Mont	th Day Year	
Specimen Collected From:	// through	/
	Month Day Year	Month Day Year
	Bycolfdt	Bycoltdt

			PROBAND	PROB/ REL	DATE SPECIMEN	
UScr		FAMILY ID	RELATIVE	INITIALS	COLLECTED	TIME OF VOID
1, 2, or 3	BARCODE	NUMBER	CODE	F M L	MO DAY YR	(MILITARY TIME)
UScr_ Byuscr	Bybarcode	Byfamily	Byrelcode	Byrelinit	Byscoldt	Byvoid_t :
UScr_ Byuscr2	Bybarcode2	Byfamily2	Byrelcode2	Byrelinit2	Byscoldt2	Byvoid_t2 : =
UScr_ Byuscr3	Bybarcode3	Byfamily3	Byrelcode3	Byrelinit3	Byscoldt3	Byvoid_t3
UScr_ Byuscr4	Bybarcode4	Byfamily4	Byrelcode4	Byrelinit4	Byscoldt4	Byvoid_t4 : =

DDODAND

DDOD/DEL

DATE ODECIMEN