

HALT-C Trial
CTL Immunology AS Shipping Log

Version A: 06/15/2000

DO NOT DATA ENTER THIS LOG

SECTION A: GENERAL INFORMATION

A1. Site Name: _____
 A2. Shipping Date : MM / DD / YYYY __ __ / __ __ / __ __ __ __
 A3. Initials of Person Completing Form: __ __ __
 A4. Number of Tubes in Shipment: _____
 A5. FedEx Tracking # _____

FAX COMPLETED LOG TO UMASS (FAX: 508-856-4890)/ Beth Israel (FAX: 617-975-5235) and to NERI (FAX: 617-926-0144)

To be completed at the Clinical Site Prior to shipping to UMASS/Beth Israel								To be completed at UMASS/BI			Condition Codes 1 = okay 2 = tube broken 3 = tube leaking 4 = shipment received too late/on weekend 99 = Other (Specify)
Specimen 1=blood 2=liver	Patient ID	Patient Initials	Collection Date (MM/DD/YYYY)	Study visit	# tubes	Total volume (ml/cm)	# tubes	Total volume	Condition?		
	a.	b.	c.	d.	f.	g.	h.	i.	j.		
1	__ - __ - __	__	__ / __ / __	__	__	__ . __					
2	__ - __ - __	__	__ / __ / __	__	__	__ . __					
3	__ - __ - __	__	__ / __ / __	__	__	__ . __					
4	__ - __ - __	__	__ / __ / __	__	__	__ . __					
5	__ - __ - __	__	__ / __ / __	__	__	__ . __					

To be completed by UMASS/BI and FAXED to NERI (617)926-0144):

Date shipment Received: __ __ / __ __ / __ __ __ __