HALT-C Trial LP Immunology AS Shipping Log

DO NOT DATA ENTER THIS LOG SECTION A: GENERAL INFORMATION

Version A: 06/15/2000 (Rev. 09/12/2000)

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 UNIVERSITY OF WASHINGTON (FAX: 206-341-5203) and to NERI (FAX: 617-926-0144)

То	To be completed at the Clinical Site prior to shipping to University of Washington							To be completed at Virology Lab			
	Patient ID	Patient	Collection Date	Study	# Tubes	Total volume	#	Total	Condition?		
		Initials	(MM/DD/YYYY)	visit		(ml/cm)	Tubes	volume		Condition Codes	
	a.	b.	С.	d.	f.	g.	h.	i.	j.	Condition Codes	
1	[_] [_]		//			·				1 = okay 2 = tube broken 3 = tube leaking	
2	[.]		//			·				4 = shipment received too late/on weekend 99 = Other (Specify)	
3			//			·					
4	[.]		//			·					
5	⁻ ⁻		//			·					

To be completed by University of Washington and FAXED to NERI (617)926-0144:

Date shipment Received: ____ /___ /___ __/

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