

HALT-C Trial Histology Shipping Log

Version B: 08/08/2002 (Rev. 07/22/2004)

DO NOT DATA ENTER

SECTION A: GENERAL INFORMATION

- A1. Site ID: _____
- A2. Shipping Date : MM / DD / YYYY ___ / ___ / _____
- A3. Initials of Person Completing Form: _____
- A4. Number of Boxes in Shipment: _____
- A5. FedEx Tracking # _____

PLEASE FAX TO DCC (617) 926-0144

To be completed at the Clinical Site										To be completed at the DCC		
B1	Local Path ID (exactly as shown on slide)	Patient ID	Patient Initials	Biopsy Date (MM/DD/YYYY)	Visit #	# Unstained Slides	# Stained Slides	Slide Box #	Return slides?	# Unstained slides	# Stained slides	Dummy ID
	a.	b.	c.	d.	e.	f.	g.	h.	j.	k.	l.	m.
1	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
2	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
3	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
4	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
5	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
6	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
7	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
8	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
9	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _
10	-9	_ - - - -	_ _ _ _	_ / _ / _ _ _ _	_ _ _ _	_ _ _	_ _ _	_ _ _	yes.....1 no.....2	_ _ _	_ _ _	_ _ _

To be completed at the DCC

C1. Date received at the DCC: ___ / ___ / _____