

NIDDK GENETICS INITIATIVE PHLEBOTOMY FORM

Form # 17A

SHIP AT ROOM TEMPERATURE IN SAFETY MAILER ENCLOSE A COPY OF THIS FORM WITH BLOOD KIT

FOR RU LAB USE ONLY:

TO: DR. DOUGLAS FUGMAN/GENETICS RUTGERS UNIV./CELL REPOSITORY DIV. LIFE SCIENCES – NELSON LABS 604 ALLISON ROAD (RM. C120A) PISCATAWAY, NJ 08854-8082 FAX: (732) 445-1149 PHONE: (732) 445-1498

INITIAL:	
YELLOW ML:	
PURPLE ML:	

EMAIL: WITT@BIOLOGY.RUTGERS.EDU CALLAHAN@BIOLOGY.RUTGERS.EDU ID#: PERALTA@BIOLOGY.RUTGERS.EDU

FROM (NIDDK SITE):

SHIPMENT TO INCLUDE BLOOD SAMPLES FOR CELL LINES

YELLOW TOP TUBES: _____ # PURPLE TOP TUBES: _____

NIDDK STAFF: PLACE TUBE LABEL HERE OR COMPLETE BY HAND

(VERIFY INFO AGAINST INFO ON BLOOD TUBES!!!)

SEX: M F		ŀ	AGE:				
ALTERNATE ID#:							
NIDDK-ID#:							
TO BE COMPLET	ED AT COLLECTION SI	TE:					
DATE BLOOD DRAWN:	 MONTH – DAY – YEAR	TIME DRAWN:	(24 HOURS)	DRAWN BY:			
(SEE BELOW). IF	ED ON A FRIDAY FOR S				NO./DATE OF SHIPMENT HECK FEDEX FORM FOR		
EMAILED/FAXED/ CALL IN BY: (SEE RUTGERS FA	/ X/PHONE #S ABOVE)		// DATE	TIME	AM/PM		
PACKAGE TRACH	<ing #:<="" td=""><td>(Cł</td><td>HECK SATURDAY DE</td><td>ELIVERY ON DELIV</td><td>ERY FORM IF APPLICABLE)</td></ing>	(Cł	HECK SATURDAY DE	ELIVERY ON DELIV	ERY FORM IF APPLICABLE)		

TO BE COMPLETED BY RUTGERS UNIVERSITY CELL & DNA REPOSITORY

PRIOR NOTIFICATION REC'D:	YES	NO	IF YES,	DATE/TIME	//	AM/PM
CONFIRMATION OF RECEIPT O	F BLOOD					
SAMPLE TO NIDDK SITE SENT I	BY:				DATE/TIMI	E//