



Site Code: \_\_\_\_\_

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SHIPPING MANIFEST CENTRAL LAB-CCF:SERUM**

**Form # 81**

This shipping manifest lists the accession number(s) for serum creatinine samples collected from a HALT-PKD Study participant and shipped to the reference laboratory at Cleveland Clinic (CCF). The visit code and participant ID number must not appear on this form. Refer to the Manual of Procedures for details regarding sample collection, handling and shipping.

Each 5ml tube contains approximately one ml of serum. Baseline and repeat samples are to be shipped the day of collection. All other samples may be stored at the collection site (-20 degrees Celsius or colder) and shipped to CCF within two weeks. This form must be completed at the time of collection and kept in sequential order to reflect samples being stored at the site.

**To complete this form:**

1. Enter the effective date.
2. Verify the number of tubes per sample (one) and enter it in the appropriate field below. Note: Do not include back-up samples.
3. Number the pages in sequence (lower right corner). Store shipping manifests in the PCC's freezer log until the time of shipment.
4. When shipping, check the field in the appropriate column below. If, for any reason, a sample will *never* be shipped to the lab (if the sample was lost, destroyed or was not collected), the reason must be provided in the appropriate field below.  
Note: Only shipping information *on the first page* (1 of \_\_\_\_ ) is required per shipment (see II below).
5. Copies of the completed forms are to be retained at the collection site. The originals are to be sent with the shipment.

**I. SAMPLE INFORMATION**

Sample Type	Number of tubes	Accession Number	Check when shipped	Provide the reason if a sample will never be sent
Serum for Creatinine				

Comments: \_\_\_\_\_

**II. SHIPPING INFORMATION:**

Number the pages in sequence and staple the packet to create a single manifest per shipment. The shipping information below is only required on the *first page* of the manifest per shipment. All completed pages of the manifest must be copied and retained at the site. The original forms are to be sent with the shipment. Refer to the Manual of Procedures for shipping instructions.

**Samples are to be shipped via next-day service to:** Dr. Sihe Wang  
 HALT-PKD Study  
 Cleveland Clinic Laboratories  
 2119 E. 93<sup>rd</sup> Street  
 Cleveland, OH 44106  
 Phone: (216) 448-8416

Air Bill Number: \_\_\_\_\_  Fed Ex  Other \_\_\_\_\_ Date of Shipment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Shipper/Form Completer: \_\_\_\_\_ Email address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Temperature: \_\_\_\_\_  Celsius  Fahrenheit Dry Ice \_\_\_\_\_ lbs Number of Boxes: \_\_\_\_\_

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HALT PKD staff member completing this form: \_\_\_\_\_ *cmidnum* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month *cdm* Day *cdd* Year *cdy*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: \_\_\_\_\_ *deidnum* Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 dem Month *ded* Day *dey* Year