



Participant Code: \_\_\_\_\_

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

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

Visit Code: \_\_\_\_\_

### SHIPPING MANIFEST REPOSITORY GENETIC SAMPLE

Form # 83

This shipping manifest lists the accession number for a genetic sample collected from a single participant enrolled in the HALT PKD study (at or after the F5 visit) and shipped to the NIDDK Central Repository at Rutgers University. Refer to the Manual of Procedures for details about sample collection and shipment. Samples are to be shipped on the day of collection. This form is to be completed and sent with the shipment, and a copy is to be retained at the collection site.

#### To complete this form:

1. Enter the effective date.
2. Verify the number of tubes per sample (three) and enter it in the appropriate field below.
3. For record keeping purposes, check the field in the appropriate column below to indicate that a sample has been shipped.
4. The completed form is to be retained at the collection site (it does not have to be sent with the shipment).

#### I. SAMPLE INFORMATION

Sample Type	Number of tubes	Tube Size	Accession Number	Check when shipped
Whole Blood		8.5ml		

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

#### II. SHIPPING INFORMATION:

Samples for two participants (six tubes) may be sent in a single shipper supplied by Rutgers. Copies of completed manifests must be retained at the site. Originals are to be included in the shipment. Refer to the Manual of Procedures for shipping instructions. Ship at room temperature only. Do not refrigerate or freeze samples.

**Samples are to be shipped via next-day service to:**

Dr. Douglas Fugman/Genetics  
 Rutgers University/Cell Repository  
 Division of Life Sciences – Nelson Labs  
 604 Allison Road (Rm. C120A)  
 Piscataway, NJ 08854-8082  
 Phone: (732) 445-2457

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

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

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

Temperature: \_\_\_\_\_  Celsius  Fahrenheit Number of Boxes: \_\_\_\_\_

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

HALT PKD investigator reviewing this form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(signature required) Month Day Year

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

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

Secondary Entered by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_