Participant Code:

Site Code: **Effective Date:_____/_____/_____**

Visit Code:

SHIPPING MANIFEST REPOSITORY SERUM PLASMA   **Form # 84**

This shipping manifest lists accession numbers for serum and plasma samples to be collected from a HALT-PKD Study participant and shipped to the NIDDK Central Repository at Fisher Bioservices. Refer to the Manual of Procedures for details regarding sample collection, handling and shipping. Samples are to be shipped to Fisher on the day of collection.

To complete this form:

1. Enter the effective date.
2. Verify the number of tubes per sample (two) and enter it in the appropriate field below.
3. Number the pages in sequence (lower right corner).
4. For record keeping purposes, 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: When shipping several samples, only shipping information *on the first page* (1 of __) is required per shipment (see II below).
5. Copies of completed forms are to be retained at the collection site. The originals are to be sent with the shipment.

I. SAMPLE INFORMATION

	Sample Type	Tube Size	Number of tubes	Accession Number	Check when shipped	Provide the reason if a sample will never be sent
1	**SST** tiger-top for serum	10ml				
2	**PST** green/gray for plasma	8ml				

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. Copies of all completed pages are to be copied and retained at the site. The originals are to be included in the shipment. Refer to the Manual of Procedures for shipping instructions.

Samples are to be shipped via next-day service to: Heather Higgins
Fisher Bioservices
20301 Century Blvd.   Bldg. 6, Suite 400
Germantown, MD 20874
Phone: (240) 686-4703

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*

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

Primary Entered by: _____ *deidnum* Date: __ __/__ __/__ __ __ __ *dem / ded / dey*

Secondary Entered by: _____ Date __ __/__ __/__ __ __ __