



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

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

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

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

### SHIPPING MANIFEST REPOSITORY URINE

Form # 85

This shipping manifest lists accession numbers for urine samples to be collected from a participant in the HALT-PKD Study 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 stored at the collection site (-20 degrees Celsius or colder) and shipped to Fisher monthly. This form must be completed at the time of collection and kept in sequential order to reflect samples being stored at the site. Note: Each 5ml tube contains approximately four ml of urine.

#### To complete this form:

1. Enter the effective date.
2. Verify the number of tubes per sample (four) and enter it in the appropriate field below.
3. Enter the total collection volume of 24-hour urine for this visit (from Urine Sample Collection Form 16, #1).
4. Enter Specimen Box ID(s) in which tubes are stored. Cell IDs are optional. Note: Boxes are to be filled sequentially. Ideally, cells are filled from left to right and top to bottom for quicker cross checks when samples are shipped from the site and received at Fisher.
5. Number the pages in sequence (lower right corner) and store them in the PCC's freezer log until the time of shipment.
6. 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).
7. 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	Total Collection Volume	Number of tubes	Box ID	Cell ID	Accession Number	Check when shipped	Provide the reason if a sample will never be sent
1	Bio-24 A (24-hour + boric acid)	_____ml						
2	Bio-24 N (24-hour no acid)	As above.						
3	Bio-F Fresh Void (spot urine)	N/A						

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 Dry Ice \_\_\_\_\_ lbs Number of Boxes: \_\_\_\_\_ Specimen Box IDs \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_