



**Clinical Center Use Only**

Date Form Entered (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_ ENTER\_DT Username of person entering this form \_\_\_\_\_ ENTER\_USER

**Biosample Repository**  
**notified via email** \_\_\_\_\_

**Notified by:**  
\_\_\_\_\_

**Date:** (mm/dd/yyyy)  
\_\_\_/\_\_\_/\_\_\_

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**Section B: To be completed by the NIDDK Biosample Repository at Fisher**

Completed by \_\_\_\_\_ Date of Receipt (mmm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_

Do the ID's on this form correspond with the ID's on the vial labels? Yes \_\_\_ No \_\_\_

If not, describe the error as well as any other discrepancies and notify a supervisor \_\_\_\_\_