F607

Hemodialysis Fistula Maturation Study (HFM Study)
Mailing Blood to NIDDK DNA Repository Form (Form # 607)

To: RESEARCH CELL BANK
       FRED HUTCHINSON CANCER RESEARCH CENTER
       C/O JENNA GRAVLEY
       1100 FAIRVIEW AVE N D2-346
       SEATTLE, WA 98109
       PHONE: 1.206.667.3756 OR 1.206.667.1450
       E-MAIL: RCB@FHCRC.ORG OR JGRAVLEY@FHCRC.ORG
       FAX: 1.206.667.5255

FOR LAB USE ONLY:

INITIAL: _____

Label tubes with the labels provided. Put the tubes in the safety mailer provided. Label the mailer with the pre-paid mailing label provided. Ship the blood at room temperature. Enclose a copy of this form with the blood kit. Keep a copy of this form. Item 1 to 201 below must be key entered into the database. Write your name, your clinical center's name, your phone number, your fax number, and your email address on this form in case the lab has any questions for you.

1. Sample ID Number SAMPLE_ID - PID
   (NIH Repository Site Identifier – HFM Study Participant ID)

2. Alpha Code AC
   (Alternate ID)

3.   Date blood drawn (mm/dd/yyyy)..VISIT_DT

4.   Time blood drawn (24-hour clock HH:MM) .... COLL_TM

5.   Date specimen shipped to Repository (mm/dd/yyyy)..SHIP_DT

200. Date this form completed (mm/dd/yyyy).. COMP_DT

201. Username of person completing this form..COMP_USER

Contact the DNA Repository to convey package tracking number/date of shipment (see below).

If blood needs to be shipped on a Friday for Saturday delivery, <u>first contact</u> the NIDDK DNA Repository for approval. If the Friday shipment is approved, then check on the FedEx form that this will be a Saturday delivery.

Issues experienced during the blood draw _____

Emailed/Faxed/
Call in to: _____   __ __/__ __/__ __ __ __   __ __ : __ __
(See fax and phone numbers above)   (Name from Repository)   Date (mm/dd/yyyy)   Time (24 hour clock)

Package Tracking #: _____   (Check Saturday delivery on delivery form if applicable)

Section B. To Be Completed at the DNA Repository

Prior Notification Rec'd: Yes _____   No _____   If Yes,   Date/Time ____/____/____   _____ AM / PM
Confirmation of receipt of blood
Sample to NIDDK Site sent by: _____   Date ____/____/____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) __ __/__ __/__ __ __ __ ENTER_DT

Username of person entering this form__ __ __ __ __ __ __ ENTER_USER

For DCC Use only:

190.

a.   *The DNA Repository flagged this specimen as unusable.*   NOT_USABLE

   (1= not able to isolate DNA)

b.   *Date DCC notified (mm/dd/yyyy)* __ __ __ /__ __ __ /__ __ __ __ NOT_USABLE_NOTIFY_DT