

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.

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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, first contact 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