

F608

**Hemodialysis Fistula Maturation Study (HFM Study)**  
**Mailing of Vein Tissue with RNA Later Preservative and with Proteomics**  
**Preservative on DRY ICE to NIDDK Biosample Repository Form (Form # 608)**

**NIDDK Biosample Repository Contact Information:**

Address: Fisher BioServices  
Attn: Heather Higgins  
NIDDK Repository  
20301 Century Blvd.  
Building 6, Suite 400  
Germantown, MD 20874

Email: [BIO-NIDDKRepository@thermofisher.com](mailto:BIO-NIDDKRepository@thermofisher.com)  
Phone: (240) 793-0353 (Heather Higgins)  
Phone: (240-686-4702 (Sandra Ke)  
Fax: (301) 515-4049

Ship samples to the address above in the mailer provided on DRY ICE. Ship specimens Mondays through Wednesday (**Do not ship frozen packages on Friday; the Repository is closed on weekends**). Notify the Repository of shipments by e-mail ([BIO-NIDDKRespoitory@thermofisher.com](mailto:BIO-NIDDKRespoitory@thermofisher.com)) on the day the package is picked up by FedEx (Include the 12-digit FedEx tracking number in the notification). Enclose this original form and a printout of the specimen log in the mailer. Keep a copy of this form. Data enter items 1 to 201.

## Section A: To be completed at the HFM Study Participating Site:

Name and Street Address of HFM Study Participating Site:

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Provide contact name, e-mail address and phone number:

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|------|---|---------------------------|---------------------------------|
| 1.   | Sample ID number SAMPLE_ID - PID<br>(NIH Repository Site Identifier – HFM Study Participant ID) | 2.                        | Alpha code AC<br>(Alternate ID) |
| 3.   | Date vein tissue collected (mm/dd/yyyy) .....   | VISIT_DT                  |                                 |
| 4.   | Time tissue collected (24-hour clock HH:MM) .....   | COLL_TM                   |                                 |
| 5.   | a. Username of person collecting vein tissue.....   | VEIN_USER                 |                                 |
|      | b. Username of person cutting the vein tissue into four pieces.....                             | CUT_USER                  |                                 |
|      | c. Username of person processing the vein tissue .....  | PROC_USER                 |                                 |
|      | d. Where was this tissue collected from? (1=main vein, 2=side branch, 3=both).....              | COLLECT_FROM              |                                 |
| 6.   | What is enclosed? 1 = RNA Later only, 2 = Proteomics only, 3 = both.....                        | ENCLOSED                  |                                 |
| 7.   | For the tissue with RNA Later preservative  |                           |                                 |
|      | a. Time (24-hour clock) and date the tissue placed in RNA later.....                            | RNA_TM/RNA_DT             |                                 |
|      | b. Time (24-hour clock) and date the tissue placed in +4°C freezer .....                        | RNA_FRZ4_TM/RNA_FRZ4_DT   |                                 |
|      | c. Time (24-hour clock) and date the tissue transferred to -80°C freezer .....                  | RNA_FRZ80_TM/RNA_FRZ80_DT |                                 |
| 8.   | For the tissue with proteomic preservative  |                           |                                 |
|      | a. Time (24-hour clock) and date the tissue frozen in LN <sub>2</sub> .....                     | LN_TM/LN_DT               |                                 |
|      | b. Time (24-hour clock) and date the tissue frozen in -80°C freezer .....                       | LN_FRZ80_TM/LN_FRZ80_DT   |                                 |
| 9.   | Date tissue 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                 |                                 |

**Biosample Repository notified via email** \_\_\_\_\_ **Notified by:** \_\_\_\_\_ **Date of Notification:** (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 \_\_\_\_\_

**Clinical Center Use Only**

Date Form Entered (mm/dd/yyyy) \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ ENTER\_DT

Username of person entering this form\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ ENTER\_USER