

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 Email: BIO-NIDDKRepository@thermofisher.com  
Attn: Heather Higgins  
NIDDK Repository Phone: (240) 793-0353 (Heather Higgins)  
20301 Century Blvd. Phone: (240)-686-4702 (Sandra Ke)  
Building 6, Suite 400  
Germantown, MD 20874 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-NIDDKRepository@thermofisher.com](mailto:BIO-NIDDKRepository@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: \_\_\_\_\_

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

\_\_\_\_\_-\_\_\_\_\_

- 1. Sample ID number SAMPLE\_ID - PID (NIH Repository Site Identifier – HFM Study Participant ID)
- 2. Alpha code AC (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 by: \_\_\_\_\_ Date of Notification: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
notified via email \_\_\_\_\_

**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