TYPE 1 DIABETES GENETICS CONSORTIUM
AUTOANTIBODY LABORATORY SHIPPING FORM - FACE SHEET:
SHIPMENTS TO NIDDK CENTRAL BIOSAMPLE REPOSITORY: FISHER BIOSERVICES

TO: Heather Higgins   FROM:
      Fisher BioServices Corporation
      20301 Century Blvd, Bldg 6, Suite 400
      Germantown, MD 20874

SHIPPING ID LABEL

idship

**INCLUDE SERUM AND PLASMA SAMPLES ONLY
IN SHIPMENTS TO FISHER BIOSERVICES.**

COURIER/ SHIPPING COMPANY:
TRACKING NUMBER:

NAME OF AUTOANTIBODY
LABORATORY CONTACT: PHONE:

COMPLETED BY LABORATORY

ID:

1. AUTOANTIBODY LABORATORY

7. NIDDK CENTRAL REPOSITORY

DATE:

2. SAMPLES PACKED

Day   Month   Year   **d_sent**

TIME:

3. SAMPLES PACKED

24-hour clock

SAMPLES:

4. NUMBER PACKED

PARTICIPANTS:

5. NUMBER OF UNIQUE IDS IN SHIPMENT

INITIALS:

6. PERSON PACKING SAMPLES

Autoantibody Laboratory makes 2 photocopies of this original:
   Original: Autoantibody Laboratory sends to Coordinating Center.
   Copy #1: Autoantibody Laboratory sends to Fisher BioServices with samples.
   Copy #2: Autoantibody Laboratory retains for records.

Final Version (09/15/05)