TYPE 1 DIABETES GENETICS CONSORTIUM CLINIC SHIPPING FORM - FACE SHEET

TO: FROM:				
SH			MPLES ENCLOSED: on or yellow tops) and/or Cell Pack (purple tops)	
		y; room temperature) 1 Storage (red/purple tops; shipped monthly; frozen) 3		
COURIER/ SHIPPING COMPANY: TRACKING NUMBER:				
NAME OF CLINIC CONTACT: PHONE:				
	COMPLETED BY CLINIC		COMPLETED BY LABORATORY	
ID:	1. CLINIC		7. LABORATORY	d astina
DATE:	2. SAMPLES PACKED Day Month Yes	ar	8. SAMPLES ARRIVED Day Month Year	d_scline d_scpack d_splasma d_sserum d_sqccpack d_sqcplasma
TIME:	3. SAMPLES PACKED : 24-hour clock		9. SAMPLES ARRIVED 24-hour clock	d_sqcserum
SAMPLES:	4. NUMBER PACKED		10. NUMBER RECEIVED	
CONTENT PAGES:	5. NUMBER INCLUDED (excludes this s	heet)	11. NUMBER RECEIVED	
	6. PERSON PACKING SAMPLES (ID)	12. PERSON RECEIVING SAMPLES (INITIALS)	

Clinic makes 2 photocopies of this original:

Original - Clinic sends to lab with samples; lab completes and sends to Regional Network Center

Copy # 1 - Clinic retains for records

Copy #2 - Clinic sends to Regional Network Center

Final Version (06/25/04)