## TYPE 1 DIABETES GENETICS CONSORTIUM DNA REPOSITORY SHIPPING FORM - FACE SHEET: SHIPMENTS TO HLA GENOTYPING LABORATORY

TO: FROM:			
	SHIPPING ID LABEL		CLUDE DNA SAMPLES ONLY FOR SHIPMENTS TO A GENOTYPING LABORATORY.  LECT TYPE OF SHIPMENT:  ginal Sample Shipment
COURIER/ SHIPPING COMPANY: TRACKING NUMBER:			
NAME OF DNA			
	REPOSITORY CONTACT:		PHONE:
	COMPLETED BY DNA REPO	SITORY	COMPLETED BY HLA GENOTYPING LAB
ID:	1. DNA REPOSITORY		6. HLA GENOTYPING LABORATORY
DATE:	2. SAMPLES PACKED  Day  Month	Year	7. SAMPLES ARRIVED  Day Month Year
TIME:	3. SAMPLES PACKED : 24-hour clock		8. SAMPLES ARRIVED : 24-hour clock
SAMPLES:	4. NUMBER PACKED		9. NUMBER RECEIVED
INITIALS:	5. PERSON PACKING SAMPLES	3	10. PERSON RECEIVING SAMPLES
DNA Repository makes 2 photocopies of the form: Original: DNA Repository sends to Coordinating Center. Copy #1: DNA Repository sends to HLA Genotyping Laboratory. Copy #2: DNA Repository retains for records. HLA Genotyping Laboratory makes 1 photocopy of the form: Original: HLA Laboratory sends to Coordinating Center. Copy #1: HLA Laboratory retains for records.			