

Site Number: _____ Screening ID: _____ - ____ First 3 Letters of First Name: _____

A. COLLECTION INFORMATION

- Label one 6 ml lavender top blood collection tube with the appropriate barcode label indicating specimen type (DNA) from an **unused** DNA barcode label sheet. Write in the first three letters of the participant's first name and the date of draw (MM/DD/YYYY) with an alcohol-proof pen. Apply barcode label vertically.
- Attach barcode labels from the **same barcode sheet** to each page of this Specimen Transmittal Form in **Section B**.
- Draw 6 ml blood in appropriately labeled lavender top tube (see above) and gently invert the tube **5-10** times. **DO NOT CENTRIFUGE**.
- Keep the sample at **room temperature** and ship as **whole blood**.

1. Date specimen collected:

____/____/_____
MM DD YYYY

B. SPECIMEN INFORMATION

1. Place DNA Barcode Label Here:



C. SHIPPING INFORMATION

- Place the tube of whole blood into a styrofoam tube holder with an absorbent pad. Place the tube holder into a cardboard sleeve and then into a biohazard Ziploc bag.
- Place the yellow copy of this completed form in the outside sleeve of the bag. Place the bag into a FedEx Diagnostic Specimen Envelope.
- Prepare and print a pre-paid airbill to FedEx all samples **Priority Overnight** to:
Barbara Davis Center
M20-4201E, Attn: S. Babu
1775 North Ursula Street, UCHSC
Aurora, CO 80010
Phone: (303) 274-6806
- Ship specimens **Monday - Thursday** only (except days before a U.S. federal holiday).

1. Shipped By Name: _____

2. Phone #: (____) _____ - _____

3. Date Shipped: ____/____/_____
MM DD YYYY

4. Comments: _____

D. For TrialNet Core Lab Use Only

Sample Received? Y N

Date Received: ____/____/_____
MM DD YYYY

Place Lab Barcode Label Here

Comments: _____

*On all questions write “?” if the desired information is currently unavailable, but is being checked and will be known in future updates.
Write “*” if the desired information is permanently unavailable (i.e. will not be known in any future updates).*