Site Number: __ __ __ __   Screening ID: __ __ __ __ - __   First 3 Letters of First Name: __ __ __

A. COLLECTION INFORMATION

- Label one 5 ml plain red top tube with a subject identifier. Do not use a barcode for this tube.
- Label one 4 ml cryovial with the appropriate barcode label indicating specimen type from an **unused** SERO 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 the label vertically.
- Attach matching barcode labels from the **same barcode sheet** to each page of this Specimen Transmittal Form in **Section B**.
- Draw blood into the 5 ml plain red top tube. Rotate tube gently and place upright in tube rack. Allow blood to clot for 15-30 minutes at room temperature (65-75° F).
- Centrifuge sample for 10-15 minutes.
- Transfer serum into an appropriately labeled 4 ml cryovial. Screw the top on tightly to prevent leakage.
- Place samples upright in a 3" partitioned freezer storage box. Samples from multiple subjects may be placed in the same box.
- Freeze at -20° C.

1. Date specimen collected:

__ __ / __ __ / __ __ __ __
MM   DD   YYYY

2. For which visit, in the study sequence, is this form being completed? *(check one)*

☐ 1   Screening   ☐ 99   Other

B. SPECIMEN INFORMATION

1. Place SERO Barcode Label Here:

FNm: _ _ _
Date:
TNet SERO A
XXXXXXXX

C. SHIPPING INFORMATION

- Place the 3" partitioned freezer storage box into a biohazard Ziploc bag with an absorbent sheet.
- Place the yellow copy of this completed form into the outside sleeve of the bag.
- Place the bag into a large styrofoam box filled to capacity with dry ice (at least 5 lbs or 3 kg) and tape outer cardboard box securely closed.
- Affix the following **two** labels to the outside of the box: 1) Black Diamond UN1845 Dry Ice Label, 2) Diamond UN 3373 Diagnostic Specimen Label (Placed on the same side as the Black Diamond Dry Ice Label)
- Prepare and print a pre-paid airbill to FedEx all samples **Priority Overnight** to:

  Specimen Processing, Northwest Lipid Research Laboratories

  401 Queen Anne Avenue North
  Seattle, WA 98109-4517
  Phone: (206) 685-3327

- **Ship specimens Monday – Thursday only** (except days before U.S. federal holidays).

1. Shipped By Name: _____   2. Phone #: (__ __ __) __ __ __ - __ __ __ __

3. Date Shipped: __ __ / __ __ / __ __ __ __   4. Comments: _____
MM   DD   YYYY

D. For TrialNet Core Lab Use Only

Sample Received?   Y   N   Date Received: __ __ / __ __ / __ __ __ __   **Place Lab Barcode Label Here**
MM   DD   YYYY

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).*