

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

- Label each 5 ml plain red top tube with timepoint. Do not use barcodes for these tubes.
- Label each 4.0 ml cryovial with the appropriate barcode label indicating specimen type (PK) and timepoint from an **unused** MMFPK 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 labels vertically.
- Attach matching barcode labels from the **same barcode sheet** to each page of this Specimen Transmittal Form in **Section B**.
- Draw one 5 ml blood sample in a plain red top tube at each of the three specified timepoints. Rotate tube gently and place upright in tube rack. Allow blood to clot for 15-30 minutes at room temperature (65-75° F).
- Centrifuge within 1 hour after drawing for 10-15 minutes.
- Transfer serum to appropriate pre-labeled 4.0 ml cryovials (see above). Screw tops on tightly.
- Place specimens upright in a 2" partitioned freezer storage box. Samples from multiple subjects may be placed in the same box.
- Freeze samples at -20° C.

1. Date specimen collected: _____ / _____ / _____
MM DD YYYY

2. Visit, in the study sequence, this form is being completed for: (check one)
 6 Week 4 99 Other

B. SPECIMEN INFORMATION

1. Dose of MMF/placebo taken during test: _____ mg 2. Start Time: (24-hour clock): _____ : _____

	Sample Time (min)	a. Draw Time (24-hour clock)	b. Sample Collected?	c. Comments
3.	0	____ : ____	Y N	_____
4.	30	____ : ____	Y N	_____
5.	120	____ : ____	Y N	_____

6. Place MMFPK Barcode Label Here:

FNm: _____
Date: _____
TNet MMFPK
XXXXXXXXXX

C. SHIPPING INFORMATION

- Place 2" partitioned freezer storage box into a biohazard Ziploc bag with an absorbent sheet.
- Place yellow copy of this completed form in outside sleeve of bag.
- Place the bag into a larger 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: _____ / _____ / _____
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).*