



ARIC Generation 2

ACRL

Biweekly Biospecimen Shipping and Receiving Form

Version: 1.0

Revised: 7/25/2023

page 1 of __

Instructions: Part 1 of this form is to be completed by the field center staff to document the **Biweekly** shipping of the biospecimen collection to the ACRL. Scan the participant ID to auto-fill the ID number into your Data Entry System. Double-check participant ID # documented on this form with ID # of each sample during the packing of specimens (blood and urine samples inclusive). Part 2 is to be completed by the ACRL and UMN staff upon receipt of the shipment.

Part 1: Shipping (to be completed at the field center)

From: Forsyth County <input type="checkbox"/> Minneapolis <input type="checkbox"/> Jackson City <input type="checkbox"/> Washington County <input type="checkbox"/>	To: Ron Hoogveen Atherosclerosis Laboratory (ACRL) Baylor College of Medicine 1 Baylor Plz Anderson Hall 515B, MS: BCM285 Houston, TX 77030																						
Staff Initials (shipping): <input type="text"/> <input type="text"/> <input type="text"/>	Shipped Date: (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																						
+Number of Pages Attached: <input type="text"/>	Time Packed: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (HH:MM in 24 hr. clock)																						
Visit: ARIC Gen2 Visit 1	Field Center Comments: _____																						
Example of Complete Sample Collection for Participant																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Tube #</th> <th># of Vials</th> <th>Cap Color</th> </tr> </thead> <tbody> <tr> <td>#1 (Serum)</td> <td>2 (SR) (0.5 mL)</td> <td>Red</td> </tr> <tr> <td>#2-3(Untreated Plasma)</td> <td>10 (UT) (0.5 mL)</td> <td>Lavender</td> </tr> <tr> <td>#2, 3 (Buffy Coat)</td> <td>2 (BC) (0.5 mL)</td> <td>Brown</td> </tr> <tr> <td>#4 (Treated Plasma)</td> <td>4 (T) (0.5 mL)</td> <td>Green</td> </tr> <tr> <td>Urine</td> <td>2 (UR) (1.5 mL)</td> <td>Yellow</td> </tr> <tr> <td>PAXgene Tube</td> <td>1 whole tube (unspun, 2.5 mL)</td> <td>Red</td> </tr> </tbody> </table>	Tube #	# of Vials	Cap Color	#1 (Serum)	2 (SR) (0.5 mL)	Red	#2-3(Untreated Plasma)	10 (UT) (0.5 mL)	Lavender	#2, 3 (Buffy Coat)	2 (BC) (0.5 mL)	Brown	#4 (Treated Plasma)	4 (T) (0.5 mL)	Green	Urine	2 (UR) (1.5 mL)	Yellow	PAXgene Tube	1 whole tube (unspun, 2.5 mL)	Red		
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PAXgene Tube	1 whole tube (unspun, 2.5 mL)	Red																					

Part 2: Receiving (to be completed at the ACRL lab)

Staff Initials (receiving): <input type="text"/> <input type="text"/> <input type="text"/>	Date Received: (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Date Buffy Coat samples picked up by Genetics Lab: (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Scan the participant ID label for each collection of specimens and record the number of vials enclosed and condition code for each category (examples below) **before shipping and upon arrival**. (If more than one code for a specimen, choose "Other" and specify in a note log).

Sample Condition Codes	
00 Good Condition	06 Hemolyzed
01 Thawed	07 Lipemic
02 Warm	08 Short Sample
03 Broken Bag/Vial	09 No Sample
04 Missing Label	10 Other on arrival
05 Other on shipping	

Participant ID:		Affix bar-code label here					
		Shipping			Receiving		
Type (Cap Color)	# Vials/ Tube Shipped	Condition Code (Shipping)	Field Center Comments	# Vials/ Tubes Received	Condition Code (Receiving)	Lab Comments (Receiving)	
Plasma (Lavender)							
Buffy (Brown)							
Plasma (Green)							
Serum (Red/Gray)							
Urine (Yellow)							
PAXgene Tube							

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