



# Biweekly UMN Biospecimen Shipping and Receiving Form

Version:2.5  
Revised: 10/19/2022 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 UMN. 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 UMN and UMN staff upon receipt of the shipment.

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

<b>From:</b>  Forsyth County <input type="checkbox"/> Minneapolis <input type="checkbox"/> Jackson City <input type="checkbox"/> Washington County <input type="checkbox"/>	<b>To: Jaime Lavallee/ARIC V10</b> <b>University of MN (ARDL)</b> <b>1200 Washington Ave S Ste 175</b> <b>Minneapolis, MN 55415</b> <b>Telephone: (612) 625-5040</b> <b>(Fax): (612) 625-4142</b>
Staff Initials (shipping): <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Shipped Date: (MM/DD/YYYY) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Number of Pages Attached: <input style="width: 40px; height: 20px;" type="text"/>	Time Packed: <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> (HH:MM in 24 hr. clock)
<b>Visit: 10</b>	Field Center Comments: _____

### Example of Complete Sample

Tube #	# of Vials	Cap Color
#1 (Serum)	6 (SR) (0.5 mL)	Red
#2,3,4 (Untreated Plasma)	2 (UT) (0.5 ml)	Lavender
#2 Whole Blood	1 (Hgb/Plt, HbA1c) (0.5 mL)	Black
Urine	4 (UR) (1.5 mL)	Yellow

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

Staff Initials (receiving): <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Date Received: (MM/DD/YYYY) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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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 notelog).

### 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	

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<b>Participant ID:</b>	Affix bar-code label here			
<b>Shipping</b>				
<b>Type (Cap Color)</b>	<b># Vials Shipped</b>	<b>Condition Code (Shipping)</b>	<b>Field Center Comments</b>	Home Visit: <input type="button" value="Yes"/> <input type="button" value="No"/>
Plasma (Lavender)				Collection Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Serum (Red)				
A1c (Black)				Time of Blood Draw: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (HH:MM in 24 hr. clock)
Urine (Yellow)				

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