**PHANTOM FORM**

**ADMINISTRATIVE INFORMATION**

0a. Date Collected: [Month] / [Day] / [Year]
0b. Technician ID: [_____]

**Instructions:** This form should be completed during participant’s visit. Enter the PHANTOM ID for the corresponding QC blood sample or urine specimen.

1. Phantom ID: [______]

2. Please indicate the blood and urine samples that were collected ...................

   Tube 1 (10 mL red-stoppered (serum)) and 10 cc Urine ................. 1
   Tube 2 (10 mL lavender-stoppered (untreated EDTA)) .............................. 2
   Tube 3 (10 mL lavender-stoppered (untreated EDTA)) .................. 3
   Tube 4 (10 mL lavender-stoppered (BHT-treated EDTA)) ............. 4
   Tube 5 (2.5 mL red-stoppered Paxgene tube) .......................... 5