



PHANTOM FORM

ID NUMBER:

FORM CODE:

P	H	T	1	1
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DATE: 01/16/2024
Version 1.0

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