



# Bi-Weekly UMN Biospecimen Shipping and Receiving Form

Batch ID Number: [ ][ ][ ][ ][ ][ ][ ][ ]

Version:2.1  
Revised: 1/11/18

**Instructions:** Part 1 of this form is to be completed by the field center staff to document the **Bi-Weekly** shipping of the biospecimen collection to 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 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: Valerie Arends/ARIC V7</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>
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Staff Initials (shipping): [ ][ ][ ]      Shipped Date: (MM/DD/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]  
 Number of Pages Attached: [ ]      Time Packed: [ ][ ] : [ ][ ] (HH:MM in 24 hr. clock)

Visit: \_\_\_\_\_

Field Center Comments: \_\_\_\_\_

Example of Complete Sample

Tube #	# of Vials	Cap Color
#1, 2 (Serum)	12 (SR) (0.5 mL)	Red
#3,-7 (Untreated Plasma)	4 (UT) (0.5 ml)	Lavender
#3 Whole Blood	1 (Hgb, HbA1c)	Black
Urine	4 (UR) (1.5 mL)	Yellow

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

Staff Initials (receiving): [ ][ ][ ]      Date Received: (MM/DD/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

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	

<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>	<b>Home Visit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Plasma (Lavender)				<b>Collection Date:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Serum (Red)				<input type="text"/> <input type="text"/> (MM/DD/YYYY)
A1c (Black)				<b>Time of Blood Draw:</b> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Urine (Yellow)				(HH:MM in 24 hr. clock)

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