



# Biweekly ACRL Biospecimen Shipping and Receiving Form

Version:2.3

Revised: 06/04/2021

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**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)

<b>From:</b>  Forsyth County <input type="checkbox"/> Minneapolis <input type="checkbox"/> Jackson City <input type="checkbox"/> Washington County <input type="checkbox"/>	<b>To: Ron Hoogveen</b> <b>Atherosclerosis Laboratory (ACRL)</b> <b>The Methodist Hospital</b> <b>6565 Fannin Street, Station F701</b> <b>Room 740</b> <b>Houston, TX 77030</b>	
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: _____	Field Center Comments: _____	
Example of Complete Sample Collection for Participant		
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

## 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"/>
<b>Date Buffy Coat samples picked up by Genetics Lab:</b> (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) <b>before shipping and upon arrival</b> . (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	

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	<b>Shipping</b>			<b>Receiving</b>		
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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