

PNRR Biological Sample Form

Please complete this form when sending samples to PNRR. **Please email or fax the form on or prior to the date of shipment.** We need to receive a copy of this form before the sample arrives. Please also include a copy of this form in the specimen shipment. Frozen specimens may be shipped to IU Monday-Wednesday. Samples drawn on Thursday and Friday should be kept in the freezer to ship the next week.

To: Claire Wegel FAX: 317-278-4507 Phone: 317-278-6158

Email: **PNRR@iupui.edu or cwegel@iu.edu**

From: _____ Phone: _____

Email: _____ Date: _____

Site ID: _____ Patient #: _____ Date drawn: _____

Sex (circle one): M or F Year of birth: _____

Kit number: _____

PLACE KIT
 BARCODE
 HERE

Time of draw: _____ (24-Hr clock) Date/time subject last ate: _____ (24-Hr clock)

Serum (SST tubes)

Plasma (EDTA tubes)

Time spin started :		Time spin started:	
	(24-Hr)		(24-Hr)
Original volume drawn <i>2x5mL SST tubes:</i>	mL	Original volume drawn <i>2x10mL EDTA tubes:</i>	mL
Total number of serum aliquots created <i>4-5 total:</i>		Total number of plasma aliquots created <i>8-10 total:</i>	
Volume of residual serum aliquot (if less than 1mL):	mL	Volume of residual plasma aliquot (if less than 1mL):	mL
Aliquot number of residual serum aliquot (<i>SER.x</i>):		Aliquot number of residual plasma aliquot (<i>PLA.x</i>):	
		Number of buffy coat aliquots created <i>1 per EDTA tube:</i>	
		Temperature of centrifuge:	°C
Time aliquots frozen <i>must be ≤ 2 hours after draw:</i>	(24-Hr)	Time aliquots frozen <i>must be ≤ 2 hours after draw:</i>	(24-Hr)
Temperature of initial freeze (if on dry ice, write "dry ice"):	°C	Temperature of initial freeze (if on dry ice, write "dry ice"):	°C

FedEx tracking #: _____