

PNRR Biological Sample Form

Please complete this form when sending samples to PNRR. **Please email 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 Phone: 317-278-6158 Email: **PNRR@iu.edu**

From: _____ Phone: _____

Email: _____ Date: _____

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

PLACE KIT
LABEL
HERE

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

Kit number: _____

Time of draw: _____ (24-Hr clock)

Time subject last ate: _____ (24-Hr clock)

Serum (SST tubes)

Plasma (EDTA tubes)

Time spin started :		(24-Hr)	Time spin started:		(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 (less than 1mL):		mL	Volume of residual plasma aliquot (less than 1mL):		mL
Residual sample barcode (last four digits):			Residual sample barcode (last four digits):		
			Number of buffy coat aliquots created:		
			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

UPS Tracking #: _____