



# PHANTOM FORM

ID NUMBER:

FORM CODE: 

P	H	T	9
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DATE: 10/13/2020  
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
- ..... 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