**ARIC Field Center \_\_\_\_\_\_**

A specimen was received in our laboratory from your Clinical Site that requires this reconciliation form to be completed**.** The laboratory has provided the specimen information below. The bottom section of this form regarding action to be taken is to be completed by the clinical site and returned within 24 hours. Completion and signing of this form by the clinic coordinator or clinic PI is required before results will be sent to the Clinical Site and/or Coordinating Center.

**SPECIMEN INFORMATION: TO BE COMPLETED BY LABORATORY**

**(E-mail to Clinic Site Coordinator; cc Clinic Site PI, Coordinating Center, and Lab Coordinator)**

**Date of Shipment**:

Number of Participants in Shipment:

Problem specimen tube:

* (6) Serum Aliquots (500uL, red caps)
* (2) EDTA Aliquots (500uL, purple caps)
* (4) Urine aliquots (1500uL, yellow caps)
* (1) Whole blood aliquot (200uL, black cap)

Shipment sent for the following visit testing: V10

Shipment sent for storage in repository:Yes  No

**Describe problem**:

Collection/Shipping Form Received: Yes  No

**Participant ID #** on Form**:**

**Participant ID #** on Sample:

CBL Staff Initials: Date**:**

**ACTION TO BE TAKEN: TO BE COMPLETED BY CLINICAL SITE**

**(E-mail to laboratory within 24 h; cc Clinic Site PI, Coordinating Center, and Lab Coordinator)**

Should specimen be discarded? \_\_\_ Yes \_\_\_ No

Should the specimen be sent to another lab? \_\_\_ Yes \_\_\_ No Name of receiving lab: \_\_\_\_\_\_\_\_\_\_\_\_\_

Mislabeled/unlabeled specimens

Should specimen be assigned an ID number? \_\_\_ Yes \_\_\_ No Participant # Assigned: \_\_\_\_\_\_\_\_\_\_\_\_

Rationale for assigning number to unlabeled/mislabeled specimen:

**I attest that the problem specimen sent to your laboratory on above date is that of the assigned Participant number and Lab ID number.**

Clinic PI or Clinic Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date: \_\_\_/\_\_\_/\_\_\_

Clinic PI or Clinic Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Print legibly** Date: \_\_\_/\_\_\_/\_\_\_