PHANTOM FORM

ID NUMBER: | | | | | | | |

FORM CODE: | P | H | T | 1 | 2 |

DATE: 08/01/2025
Version 2.0

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
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

3. Indicate the number of aliquots yielded after processing:

a. Serum (Tube 1) ..... _____
b. EDTA Plasma (Tube2, Tube 3)..... _____
c. EDTA + BHT Plasma (Tube 4)..... _____
d. Buffy Coat (Tube 3) ..... _____
e. Whole Blood (Tube2)..... _____
f. Urine (Tube1) ..... _____