



Biweekly UMN Biospecimen Shipping and Receiving Form

Version:2.3
Revised: 06/04/2021 page 1 of __

Instructions: Part 1 of this form is to be completed by the field center staff to document the **Biweekly** shipping of the biospecimen collection to the UMN. Scan the participant ID to auto-fill the ID number into your Data Entry System. Double-check participant ID # documented on this form with ID # of each sample during the packing of specimens (blood and urine samples inclusive). Part 2 is to be completed by the UMN and UMN staff upon receipt of the shipment.

Part 1: Shipping (to be completed at the field center)

From: Forsyth County <input type="checkbox"/> Minneapolis <input type="checkbox"/> Jackson City <input type="checkbox"/> Washington County <input type="checkbox"/>	To: Katelyn Phipps/ARIC V9 University of MN (ARDL) 1200 Washington Ave S Ste 175 Minneapolis, MN 55415 Telephone: (612) 625-5040 (Fax): (612) 625-4142
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Staff Initials (shipping): <input type="text"/> <input type="text"/> <input type="text"/>	Shipped Date: (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of Pages Attached: <input type="text"/>	Time Packed: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (HH:MM in 24 hr. clock)
Visit: _____	Field Center Comments: _____		

Example of Complete Sample

Tube #	# of Vials	Cap Color
#1 (Serum)	6 (SR) (0.5 mL)	Red
#2,3,4 (Untreated Plasma)	2 (UT) (0.5 ml)	Lavender
#2 Whole Blood	1 (Hgb/Plt, HbA1c) (0.5 mL)	Black
Urine	4 (UR) (1.5 mL)	Yellow

Part 2: Receiving (to be completed at the UMN lab)

Staff Initials (receiving): <input type="text"/> <input type="text"/> <input type="text"/>	Date Received: (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Scan the participant ID label for each collection of specimens and record the number of vials enclosed and condition code for each category (examples below) **before shipping and upon arrival**. (If more than one code for a specimen, choose "Other" and specify in a notelog).

Sample Condition Codes

00 Good Condition	06 Hemolyzed
01 Thawed	07 Lipemic
02 Warm	08 Short Sample
03 Broken Bag/Vial	09 No Sample
04 Missing Label	10 Other on arrival
05 Other on shipping	

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Participant ID:	Affix bar-code label here			
Shipping				
Type (Cap Color)	# Vials Shipped	Condition Code (Shipping)	Field Center Comments	Home Visit: <input type="button" value="Yes"/> <input type="button" value="No"/>
Plasma (Lavender)				Collection Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM/DD/YYYY)
Serum (Red)				
A1c (Black)				Time of Blood Draw: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (HH:MM in 24 hr. clock)
Urine (Yellow)				

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