Participant ID: Participant Initials: Clinical Center:

Site: Visit Number: CRF Date: / / RC ID:

Reset Patient / RC

Reset All

PROTEOMICS SPECIMEN TRANSFER

Specimen Collection #: ____ ____ *(This field must be completed)*

1a. 1st Collection: Date: __ __ / __ __ / __ __ __ __ *(mm/dd/yyyy)* 1b. Time: ___ ___ : ___ ___ *(military time)* 1c. ❑99 Not Collected

1d. 2nd Collection: Date: __ __ / __ __ / __ __ __ __ *(mm/dd/yyyy)* 1e. Time: ___ ___ : ___ ___ *(military time)* 1f. ❑99 Not Collected

2a. 1st Frozen Collection: Date: __ __ / __ __ / __ __ __ __ *(mm/dd/yyyy)* 2b. Time: ___ ___ : ___ ___ *(military time)*

2c. 2nd Frozen Collection: Date: __ __ / __ __ / __ __ __ __ *(mm/dd/yyyy)* 2d. Time: ___ ___ : ___ ___ *(military time)*

3. Problems with specimen collection:
❑1 Yes (Foley catheter, contamination from UTI, menses,etc.)
❑0 No
Comments: _____

3a. Please indicate which specimens below were processed from the second collection:

❑ Spec. #1 ❑ Spec. #3 ❑ Spec. #5 ❑ Spec. #7 ❑ Spec. #9 ❑ Spec. #11
❑ Spec. #2 ❑ Spec. #4 ❑ Spec. #6 ❑ Spec. #8 ❑ Spec. #10

NOTE: See Page 2 for the Administrative Section.

Participant ID: _____ Participant Initials: _____ Clinical Center: _____

Site: _____ Visit Number: _____ CRF Date: ____ / ____ / ____ RC ID: _____

Reset Patient / RC

Reset All

PROTEOMICS SPECIMEN TRANSFER

Please note that Questions #4 and #5 are now used as administrative information and will not be entered into the DMS by the sites. This section will only be completed when sites are unable to record this information through the Specimen Label Printing module in which case the Central Lab personnel will enter the appropriate information.

4. Specimen Status:

		Completed by Research Coordinators				Completed by Lab Personnel									
		Check, if available, for each specimen				Check one below				If specimen unacceptable, check reason(s)					
Spec. #	Seq. #	Specimen Type	Total Volume (ml)	Ship'd	Spec. Not Avail.	Rec'd. & Accept.	Rec'd. Unaccept. & Usable	Not Rec'd	Rec'd Unaccept. & Unusable	Thawed Spec.	Spec. with Labeling Errors	Spec. with Insuff. Vol.	Damag'd Package	Delays in Ship'g	Other
1	1	Proteomics – 3 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
1	2	Proteomics – 3 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
1	3	Proteomics – 3 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
1	4	Proteomics – 3 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
1	5	Proteomics – 3mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
1	6	Proteomics – 3mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
2	7	Proteomics – 9 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
2	8	Proteomics – 9 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
2	9	Proteomics – 9 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
2	10	Proteomics – 9 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑
2	11	Proteomics – 9 mL		❑1	❑0	❑1	❑2	❑3	❑4	❑	❑	❑	❑	❑	❑

5. Date of specimen shipment: __ __ / __ __ / __ __ __ __ *(mm/dd/yyyy)*

RC Instructions:

- Fax this CRF prior to shipping to: **CRIC Central Laboratory Personnel** **Fax #: (215) 746-5645**
- Send copy of this CRF with specimen to: University of Pennsylvania Central Laboratory