

Study PI, Study Name
Type of Sample (Chemistry, Hematology, etc.)

Study ID: STU-***-*****

Note: To ensure adherence to the study protocol, this instruction sheet must accompany the specimen/s.

SUBJECT ID: _____ **PATIENT MRN :** _____
Lab Study Approval #: _____ **Accession #:** _____ **D-**
R

❖ **NURSING/PHLEBOTOMY INSTRUCTIONS:**

1. Enter a **Spin & Hold Study Sample Order** in the computer using; Research Account: **Study PI, Study Name**. Match the order requisition or care fusion label with sample.
2. Specimen Collection - **Collect (amount) mL of (source) into a (type/color) tube**. Label the tube following standard hospital operating procedures for specimen collection. Write collection date, time, and hospital login initials on the label.
Document Collection Date & Time: _____
3. Label the transport tubes with the preprinted study labels.
4. Place sample, labeled transport tubes, and this instruction sheet in a specimen bag and send to lab.

❖ **LABORATORY INSTRUCTIONS:**

1. **PROCESS SAMPLE** - Processing instructions according to study manual/protocol with highlighted spin time and speed. EX: Allow tube to clot for 30 minutes before processing. **Centrifuge at 1500 - 2000 x g for 15 minutes**. Aliquot the serum into 4 separate prelabeled cryovials with at least 0.15mL of serum per aliquot.
2. **SAMPLE LABEL** - Ensure CMC patient identifier is removed from tube and prelabeled with Subject Study ID.
3. **SAMPLE STORAGE/SHIPMENT** - Storage and shipping instructions according to study manual/protocol. EX: Ship 4 cryovials FROZEN to Covance on the day of collection. May be stored at -80 if needed before shipment.

Questions?

Contact: Amanda Cortinas, Research Lab, at ext 6-2612 or

Coordinator Name(s), Research Coordinator, at *Coordinator Contact Number(s)*

❖ **PROCESSING, STORAGE & SHIPMENT INFORMATION:**

To ensure adherence to the study protocol, please fill in each blank below.

1. Centrifuge Time: _____ Temperature of Centrifuge: _____
2. Time of storage: _____ Storage Location (Please circle the storage location) -80, -20, refrigerated or room temp
3. Freezer or Refrigerator used (Please write the probe number here): _____
4. Date moved to 2nd floor research lab: _____
5. Shipped? _____ 9. Lab Tech Initials: _____