

Part A – to be completed by Research or Clinical Team

Two Letter Site Code		Biobank Kit Code (Sticker) DO NOT include the TONiC study number
Site Name		
Date sample collected		
1) Check Kit Code matches Barcode Label on consent form 2) Check all Kit IDs match on tubes and box		

Sample		Date Sample(s) Collected	Time Sample(s) Collected (HH:MM)
8.5ml SST serum blood	Collected: Y <input type="checkbox"/> N <input type="checkbox"/>	___/___/_____	__:__:__
10ml EDTA blood	Collected: Y <input type="checkbox"/> N <input type="checkbox"/>	___/___/_____	__:__:__
2.5ml Paxgene blood	Collected: Y <input type="checkbox"/> N <input type="checkbox"/>	___/___/_____	__:__:__
Urine sample	Collected: Y <input type="checkbox"/> N <input type="checkbox"/>	___/___/_____	__:__:__

Archive the *Back* copy of this Part-A-completed form within the patient's TONiC folder. Include the *Top* copy of this Part-A-completed form with the samples when shipped to the Biobank.

Comments:

Sample(s) collected by (Print Name): _____
Date: ___/___/_____

Samples collected by (Signature): _____

Part B – to be completed by the Biobank Team

Sample	Confirm Receipt of Sample	Time of processing	Storage location
8.5ml SST serum blood	Received: <input type="checkbox"/> Not Received: <input type="checkbox"/>	__:__:__	
10ml EDTA blood	Received: <input type="checkbox"/> Not Received: <input type="checkbox"/>	__:__:__	
2.5ml Paxgene blood	Received: <input type="checkbox"/> Not Received: <input type="checkbox"/>	__:__:__	
Urine sample	Received: <input type="checkbox"/> Not Received: <input type="checkbox"/>	__:__:__	

For Biobank Team – Scan the completed form and email the copy to TONiC Team, then file the original *Top* copy within the Biobank TONiC Folder.

Comments:

Sample(s) processed by (Print Name): _____

Samples processed by (Signature): _____
Date: ___/___/_____