

BHFU Biospecimen Shipping and Receiving Form

Batch ID			
Number:			

Version:1.0 Revised: 11/7/2022

Instructions: Part 1 of this form is to be completed by the field center staff to document the shipping of the biospecimen collection to the ACHIEVE BHFU repository. If using this technology, scan the participant ID to auto-fill the ID number into your Data Entry System. Doublecheck participant ID # documented on this form with ID # of each sample during the packing of specimens. Part 2 is to be completed by the BHFU Repository staff upon receipt of the shipment.

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

From: Forsyth County Minneapo Jackson Washingto	lis on County		To: Kelly Weicht/Melissa Minotti ACHIEVE Central Repository Johns Hopkins Comstock Center 1100 Dual Highway Hagerstown, MD 21740
(shipping): (MM/ Number of Pages Attached:	Ded Date: DD/YYYY) Time Packed: BHFU Year 3	/	/ / : (HH:MM in 24 hr. clock)
Field Center Comments:			
Example of Complete Sample			

Field Center Comments:	# of Vials	Cap Color
#1 (plasma)	6	Lavender
#1 (buffy coat)	1	Brown

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

Staff Initials (receiving):	Date Received: (MM/DD	/YYYY) / / /	
1 1		record the number of vials enclosed and condition code for n one code for a specimen, choose "Other" and specify in a	0,
	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		

Participant ID:		Affix Aver barcode la				
		Shipp	bing	Receiving		
Type (Cap Color)	# Vials Shipped	Condition Code (Shipping)	Field Cent Comment	 # Vials Received	Condition Code (Receiving)	Lab Comments (Receiving)
Plasma (Lavender)						
Buffy (Brown)						
Participant ID:		Affix Avery barcode label here				
	Shipping			Receiving		
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