

Cell Viability/Recovery Specimen Shipment Log

Purpose: To record information about contents of cell viability specimen shipment and receipt of specimens at the JHU Cell Viability Laboratory located at the Johns Hopkins University.

When: Ship on Monday, Tuesday, or Wednesday. Avoid shipments 2 days prior to weekends and holidays. (Each clinic is assigned a month to send in a QC specimen for cell viability tests.)

By whom: Clinic coordinator or laboratory personnel responsible for freezing and shipping of specimens.

Instructions to shipper:

- Process whole blood for leukocytes for (aliquot #7) for cell viability purposes according to LSOCA cell separation protocols.
- Freeze aliquot #7 in a Mr. Frosty or comparable slow freeze at 1° C per minute in a 70° C freezer for a minimum of 4 hours.
- Immediately ship aliquot #7 on the same day specimen was processed with dry ice. Ship on Monday, Tuesday, and Wednesday only. Use the Federal Express air bill provided by Thermo Fisher – a third party billing number is preprinted on the air bill.
- Ship via Next Day Arrival using the specimen shippers provided by Thermo Fisher to:
Stacey Meyerer
Johns Hopkins University
Bloomberg School of Public Health
615 North Wolfe Street, Room W6614
Baltimore, MD 21205
(410) 955-9810

On the day of shipment:

- Fax the completed Cell Viability/Recovery Specimen Shipment log (VC) to the JHU Lab at (410) 614-2640 to serve as a SHIPPING ALERT.
- Send a shipping alert e-mail to Stacey Meyerer (smeyerer@jhsph.edu), Shivam Chandan (schandan@jhsph.edu) and Akila Hadji (ahadji@jhsph.edu) with the tracking number and clinic/lab contact information.
- Include a hard copy of this specimen log in the box with the specimens; keep a copy of this form for your files.

Federal Express Airbill Tracking Number: _____

A. Clinic ID and shipment information

1. Clinic ID code: _____

2. Date specimen(s) shipped: _____
day month year

3. Total number of leukocyte specimens sent
 (# of leukocyte aliquots): _____

B. Clinic administrative information

4. Name of person preparing shipment: _____

C. Specimen shipment information

Record specified information about aliquots shipped in items 5 thru 7. Indicate number of specimen tube(s) containing leukocytes.

	a.	b.	c.	d.	e.	f.
	Patient ID#	Visit ID	Specimen collection date (day-month-year)	# of leukocyte aliquots	Date shipped	Initials
5.	_____	_____	____-____-____	_____	____-____-____	_____
6.	_____	_____	____-____-____	_____	____-____-____	_____
7.	_____	_____	____-____-____	_____	____-____-____	_____

D. Comments (to be completed by clinical center)