

Specimen Tracking

Purpose: To record information about location of frozen specimens in the clinic and date specimens are sent to the central repository.
By whom: Clinic coordinator and person(s) responsible for storage and shipment of specimens.
Instructions: Maintain a copy of this form at the clinic. Do not send to Coordinating Center. Update as necessary to record frozen storage or shipment of plasma and leukocyte specimens to the central repository. Photocopy additional forms as needed and number sequentially.

Clinic ID: ___ ___ ___ ___

Sequence No: ___ ___

Date frozen (day-month-year)	Trial	Patient ID #	Visit ID code	Specimen type plasma (p) or leukocyte (l)	# of aliquots	Freezer/Rack location	Initials of person storing	Date shipped to central repository (day-month-year)	Initials of person shipping
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___
___-___-___	F	___	___	___	___	_____	___	___-___-___	___