

**HUMAN SPECIMENS REQUESTED**

Specimen	Volume (cc)	Collection Tube	Specimen Processing Notes
<input checked="" type="checkbox"/> Serum	3-5	Serum Separator*	Incubate at room temperature for 30 min and spin in clinical centrifuge.
<input checked="" type="checkbox"/> Blood	10	Sodium Heparin	Live cells needed. Ship at room temperature – do not allow to freeze

\* If a serum separator tube is not used or if the sample will be sent from a location outside the United States and will be in transit for more than 24 hours: First spin the clot down, and then transfer serum into a sterile plastic screw top tube.

**BLOOD COLLECTION and ADVERSE EVENT RECORDING**

- Date of blood collection: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of blood collection: \_\_\_\_ AM / PM
- Phlebotomy site: \_\_\_\_\_ Number of attempts required: \_\_\_\_
- Method of collection:  Vacutainer  Syringe  Other (describe): \_\_\_\_\_
- Name of phlebotomist: \_\_\_\_\_
- Did an adverse event related to blood collection occur?  Yes  No If yes, describe: \_\_\_\_\_

and notify Carrie Stevens by Pager (513-303-1974) or email ([Carrie.Stevens@cchmc.org](mailto:Carrie.Stevens@cchmc.org))

**PATIENT INFORMATION**

- Required Information: samples will not be evaluated without this information  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mmm/yyyy)  
Medical Record Number: \_\_\_\_\_
- Have the patient sign and submit the Authorization for Disclosure of Protected Health Information Form
- Information about the patient's race and ethnicity is important to obtain but is not absolutely required  
Race:  American Indian / Alaska Native  Black (African American)  White (Caucasian)  
 Native Hawaiian / Other Pacific Islander  Asian  Other  Unknown  Patient refused to say  
Ethnicity:  Hispanic  Non-Hispanic  Unknown

**SHIPPING SAMPLES**

- If serum was transferred to a new tube, tape the tube cap securely so it will not come off during shipment.
- Wrap tubes in absorbent material and place in a leak-proof, secondary container.
- Place the secondary container in a crush-proof blood-shipping container.
- Place the signed, dated Informed Consent Form and the Blood Collection and Shipping Instruction Form in the box.
- Ship samples, via "FedEx Priority Overnight" using the following account number: 1513-5513-7
- SHIPPING ADDRESS:** Bruce C. Trapnell, MD, Cincinnati Children's Hospital Medical Center  
3333 Burnet Ave CCHRF Room 4029, Cincinnati Ohio 45229  
Phone: 513-636-6361
- Send an e-mail to [Brenna.Carey@cchmc.org](mailto:Brenna.Carey@cchmc.org) that the samples were sent; include the shipment tracking number

**REPORTING TEST RESULTS**

- Please fill in the information for the person to whom test results should be sent and indicate who this is.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
This individual is the  patient, her/his  doctor, nurse, etc., or  someone else (relation): \_\_\_\_\_
- Indicate to whom and the method to be used to send the test results  
 Facsimile: \_\_\_\_\_  Phone: \_\_\_\_\_  E-mail: \_\_\_\_\_

**IMPORTANT NOTES**

- Specimens should be shipped only on Monday through Thursday so they arrive by Friday.
- Heparinized blood must not be allowed to freeze and must be received within 24 – 48 hours.
- Serum may be kept (or shipped) at 4°C or frozen after transfer in to a sterile plastic screw top tube.
- For questions about shipment, contact Brenna Carey by phone (513 636-8916) or email ([Brenna.Carey@cchmc.org](mailto:Brenna.Carey@cchmc.org)).
- For other questions, contact the Study Investigator by pager (513-343-1422) or email ([Bruce.Trapnell@cchmc.org](mailto:Bruce.Trapnell@cchmc.org)).

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