SHIPMENT TRACKING FORM (ST03a) SERUM/PLASMA/URINE FOR NIDDK BIOREPOSITORY

Chronic Kidney Disease in Children (CKiD)

SECTION A: GENERAL INFORMATION

A1.	CLINICAL SITE NUMBER:
A2.	SITE CONTACT FOR SHIPMENT: (print name)
	a. Name:
	b. Phone number:
	c. Email address:
A3.	DATE OF SHIPMENT: M M D D Y Y Y Y
A4.	RECEIVING SITE: 05 = NIDDK Biorepository (Precision)
A5.	SHIPMENT NUMBER:
	(Enter 01 if one shipment is being sent; or appropriate number if more than one shipment is sent in the same day)
A6.	SHIPMENT TRACKING NUMBER: (Based upon responses from A1, A3, A4, and A5)
	Clinical Site Number Date of Shipment Site Number Site Number
A7.	FORM VERSION: <u>0 6 / 0 1 / 1 8</u>
A8.	FORM COMPLETED BY (INITIALS):

This form is to be completed by the clinical site after the specimen(s) have been prepared for shipment. In addition, each clinical site is responsible for tracking their outgoing shipments. A copy of this form must be included with the shipment and sent to the clinical site's designated Clinical Coordinating Center (CCC) for data entry.



Shi	nment	Tracking	Number:		/			1	Λ	5	/	
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SECTION B: URINE MANIFEST

Instructions:

For each unique KID ID fill out one line in the table below. Be sure to include the date of study, the number of urine samples being shipped for that KID ID (up to 7 per subject visit) and the location of the samples in the box. Please refer to the example below.

	KID ID#	Date of Study	# of Urine Specimens
1	<u>1-01-006</u> V <u>6</u>	07/12/11	6
2	<u>2-01-008</u> V <u>1A</u>	09/31/11	4
	Total Number of Urine Spe	10	

START ST03aS1

	KID ID#	Date of Study	# of Urine Specimens
1	V	//	
2	V	//	
3		//	
4	V	//	
5	V	//	
6	V	//	
7	V	//	
8	V	//	
9	V	//	
10	V	//	
	Total Number of Urine Speci	mens	

END ST03aS1

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SECTION C: SERUM AND PLASMA MANIFEST

Instructions:

For each unique KID ID fill out one line in the table below. Be sure to include the date of study, the number of serum/plasma samples being shipped for that KID ID (up to 4 per subject visit) and the location of the samples in the box. Please refer to the example below.

Example:

	KID ID#	Date of Study	Specimen Typ	e and Number
1	1 01 006 V6	07/12/11	# of Serum	# of Plasma
1	<u>1</u> - <u>01</u> - <u>006</u> V <u>6</u>	<u>07/12/11</u>	Samples <u>1</u>	Samples <u>2</u>
2	<u>2-01-008</u> V <u>1A</u>	09/31/11	# of Samples 2	# of Samples <u>0</u>
	Total Number of Serum and Pla	Serum # of	Plasma # of	
	Total Number of Serum and Pla	sina specimens	Samples <u>3</u>	Samples <u>2</u>

START ST03aS2

	KID ID#	Date of Study	Specimen Typ	e and Number
1	V	//	# of Serum Samples	
2	V	//	# of Serum Samples	# of Plasma Samples
3	V	//	# of Serum Samples	# of Plasma Samples
4	V	//	# of Serum Samples	# of Plasma Samples
5	V	//	# of Serum Samples	# of Plasma Samples
6	V	//	# of Serum Samples	# of Plasma Samples
7	V	//	# of Serum Samples	# of Plasma Samples
8	V	//	# of Serum Samples	# of Plasma Samples
9	V	//	# of Serum Samples	# of Plasma Samples
10		//	# of Serum Samples	# of Plasma Samples
	Total Number of Plasma and Seru	m Specimens	Serum	Plasma

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FedEx Tracking #:	
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PF	ROMPT:
	Mail form to CCC for data entry.
2.	Complete the ONLINE SHIPPING FORM on the CKiD website at http://statepi.jhsph.edu/ckid/ . The form is located under Study Administration and then Coordinator's Corner. After the form is submitted, NIDDK BR personnel and KIDMAC will automatically receive email confirmations of the shipment.
	EMAIL: niddk.mailbox@precisionformedicine.com
	CKiDShip@jhu.edu
	FOR NIDDK BR STAFF ONLY SECTION D: NIDDK BR STAFF RECEIPT
D1.	Date of arrival at NIDDK Biorepository: //
D2.	Received by:
D3.	Were there problems with the shipment? Yes
	FOR CLINICAL SITES ONLY SECTION E: NIDDK BR RECEIPT CONFIRMATION
CON	OMPT: COMPLETE SECTION G AFTER NIDDK BR HAS REPLIED WITH A IFIRMATION OF RECEIPT. Confirmation of receipt is for record keeping boses only.
E1.	Date of arrival at NIDDK Biorepository: //
E2.	Were there problems with the shipment? Yes
	a. Specify problem(s):