SHIPMENT TRACKING FORM (ST03b) HAIR/NAIL FOR NIDDK BIOREPOSITORY

	Chronic Kidney Disease in Children (CKiD)
	SECTION A: GENERAL INFORMATION
A1.	CLINICAL SITE NUMBER:
A2.	SITE CONTACT FOR SHIPMENT: (<i>print name</i>) a. Name:
	b. Phone number:
A3.	DATE OF SHIPMENT:
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 Receiving Site Shipment 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.



SECTION B: HAIR AND NAIL

- B1. Does the shipment contain hair?
 - Yes..... 1

No......²

B2. Does the shipment contain nails?

Yes..... 1

No......²

SECTION C: HAIR AND NAIL MANIFEST

INSTRUCTIONS:

Record the KID #, date of visit, and specimen type in the table below for each specimen that is included in the ambient shipper sent to the NIDDK **Biorepository.**

Specimen Type: H= Hair sample and N= Nail clippings

Record the visit number in "column d"

V1b= 15 V2= 20 V4 = 40

Please see the example in gray shaded boxes.

START ST03bS1

	a. KID #	b. Date of Visit	c. Specimen Type	d. Specimen Visit
E00	1 – 01 – 001	<u>01</u> / <u>15</u> / <u>05</u>	H	<u> 1 5</u>
E00	1 – 01 – 001	<u>01 / 15 / 05</u>	Z	<u> 1 5</u>
C01		//		
C02		///		

END STO3bS1

Shipment	Tracking	Number:
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2. (Com	form to CCC for data entry. Inplete the ONLINE SHIPPING FORM on the CKiD website at
	Adn NID	://statepi.jhsph.edu/ckid/. The form is located under Study ninistration and then Coordinator's Corner. After the form is submitted, DK BR personnel and KIDMAC will automatically receive email firmations of the shipment.
		AIL: niddk.mailbox@precisionformedicine.com
		CKIDShip@jhu.edu
		FOR NIDDK BR STAFF ONLY
		SECTION D: NIDDK BR STAFF RECEIPT
0	D1.	Date of arrival at NIDDK Biorepository:
		MMDDYYYY
۵	02.	Received by:
0	03.	Were there problems with the shipment?
		Yes 1
		No
		a. Specify problem(s):
-		
		FOR CLINICAL SITES ONLY SECTION E: NIDDK BR RECEIPT CONFIRMATION
	т∙с	COMPLETE SECTION E AFTER NIDDK BR HAS REPLIED WITH A
NFIR	MA	TION OF RECEIPT. Confirmation of receipt is for record keeping
pose	es o	nly.
E1.	Dat	e of arrival at NIDDK Biorepository:///
E2.	We	re there problems with the shipment?
LZ.		
		2 (END)
	140.	