

SHIPMENT TRACKING FORM (ST04)
WHOLE BLOOD 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)*
- _____ / _____ / **0 5** / _____
- | | | | |
|-------------------------|------------------|-------------------|--------------------|
| Clinical Site
Number | Date of Shipment | Receiving
Site | Shipment
Number |
|-------------------------|------------------|-------------------|--------------------|
- A7. FORM VERSION: 0 6 / 0 1 / 1 8
- 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.

Shipment Tracking Number: ____ / _____ / 0 5 / _____

SECTION B: SHIPMENT CONTENTS

B1. Shipment of whole blood:

- a. KID #: _____ - _____ - _____
- b. Number of vials in shipment: _____
- c. Fed Ex Tracking # _____

1. 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 an email confirmation of the shipment.

**Email: niddk.mailbox@precisionformedicine.com
CKiDShip@jhu.edu**

2. Include Fed Ex tracking #, KID, gender, age, collection date and barcode for tube on the on-line shipping form.

3. DO NOT REFRIGERATE OR FREEZE SAMPLES. May ship sample Monday through Friday.

FOR NIDDK BR STAFF ONLY

SECTION C: NIDDK BR STAFF RECEIPT

C1. Prior Notification Received:

Yes..... 1

No..... 2 **(Skip to C2)**

a. Date: _____ / _____ / _____
M M D D Y Y Y Y

b. Time: _____ : _____ 1 = am 2 = pm

C2. Confirmation of Receipt of Blood Sample to NIDDK BR sent by: _____

FOR CLINICAL SITES ONLY

SECTION D: NIDDK BR RECEIPT

PROMPT: Complete SECTION D after NIDDK BR has replied with a confirmation of receipt. Confirmation of receipt is for record keeping purposes only.

D1. Date of arrival at NIDDK BR: _____ / _____ / _____
M M D D Y Y Y Y

D2. Were there problems with the shipment?

Yes..... 1

No..... 2 **(END)**

a. Specify problem(s): _____

