



PVDOMICS STUDY

Center Blood Collection 2 – Processing *PAXgene*® “Rest” Sample Form #305

Instructions: Person processing blood should be familiar with the PVDOMICS blood processing MOP Chapter 34. The study coordinator will provide the study participant identification number and alphacode. This form should be used for all participants from Non-Invasive CPET Clinical Centers **21, 22, 31, and 61** with C2 blood drawn.

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1. Identification Number

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2. Alphacode

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3. Processing Date (mm/dd/yyyy)

4. Username of the person processing the sample.....

5. Time received at lab (24-hr clock) (hh:mm) :

Type of Blood Type of Tube	6. Was the required volume of blood collected? 0=No, 1=Yes, 8=Not collected	7. Was the specimen delivered at <u>room</u> <u>temperature</u> ? 0=No, 1=Yes	8. Time specimen placed upright at <u>room</u> <u>temperature</u> (24-hr clock) (hh:mm)	9. Time specimen placed in <u>-20°C</u> <u>freezer</u> (24-hr clock) (hh:mm)	10. Time specimen placed in <u>-70°C/-80°C</u> <u>freezer</u> (24-hr clock) (hh:mm)	11. Date specimen placed in -70°C/-80°C freezer (mm/dd/yyyy)
a. Rest Venous Red Top <i>PAXgene</i> ® 2.5ml	—	—	—:—	—:—	—:—	—/—/—
b. Rest Systemic Artery Red Top <i>PAXgene</i> ® 2.5ml	—	—	—:—	—:—	—:—	—/—/—
c. Pulmonary Capillary “Rest Wedge” Red Top <i>PAXgene</i> ® 2.5ml	—	—	—:—	—:—	—:—	—/—/—
d. Pulmonary Artery “Rest Mix” Red Top <i>PAXgene</i> ® 2.5ml	—	—	—:—	—:—	—:—	—/—/—

12. Were any issues experienced during processing (0=No, 1=Yes)

Comments:

200. Date form completed (mm/dd/yyyy)..... __ __/__ __/____

201. Username of person completing/reviewing completeness of this form __ __ __ __ __ __

Clinical Center Use Only

Date form entered (mm/dd/yyyy) __ __/__ __/____

Username of person entering this form__ __ __ __ __ __