



PVDOMICS STUDY Center Blood Collection 2 –

Processing “Rest” Samples into Cryovials Form #306

Instructions: Person processing blood should be familiar with the PVDOMICS blood processing MOP Chapter 34. Check if participant ID on Vacutainer™ blood tubes matches with ID on the cryovials and sticker provided in processing kit. 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.

Place bag label here

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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(s)	6. Was the required volume of blood collected? 0=No, 1=Yes, 8=Not collected	7. Was the specimen placed on ice before processing? 0=No, 1=Yes	8. Specimen condition 0=Normal, 1=Hemolysis, 2=Milky	9. Start time of processing sample (24-hr clock) (hh:mm)	10. Time specimen frozen in dry ice (24-hr clock) (hh:mm)	11. Time specimen placed in -70°C/-80°C freezer (24-hr clock) (hh:mm)
Rest Venous	a. Lavender Top EDTA 10ml	—	—	—	____:____	____:____	____:____
Rest Venous	b. Lavender Top EDTA 10ml	—	—	—	____:____	____:____	____:____
Rest Venous	c. Gold Top SST 5ml	—	—	—	____:____	____:____	____:____
Rest Systemic Artery	d. Lavender Top EDTA 4 ml	—	—	—	____:____	____:____	____:____
Pulmonary Capillary “Rest Wedge”	e. Lavender Top EDTA 4ml	—	—	—	____:____	____:____	____:____
Pulmonary Artery “Rest Mix”	f. Lavender Top EDTA 4ml	—	—	—	____:____	____:____	____:____

12. Number of cryovials of 200ul Plasma Rest-Venous ____

13. Number of cryovials Buffy Coat-Venous ____

14. Number of cryovials of 200ul Serum-Rest-Venous ____

15. Number of cryovials of 200 ul Plasma-Rest-Syst Art ____

16. Number of cryovials of 200ul Plasma Rest-Wedge ____

17. Number of cryovials of 200ul Plasma Rest-Mix ____

Note: Place a black dot with permanent marker on the screw cap if the volume is less than 200 ul

18. 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 ____