



PVDOMICS STUDY

Biorepository Emergency Supplies Request Form #340

Instructions: Enter the form in the database as soon as possible. Upon saving the form in the database, an automated e-mail will be sent to the PVDOMICS Biorepository Core and the DCC to alert them about the request. As a backup, submit this form to the PVDOMICS Biorepository Core to the attention of Laura Peterson via e-mail at pvd-biorepos@bio.ri.ccf.org.

1. Clinical Center requesting emergency supplies..... _____
 11=Brigham and Women's Hospital, Boston, MA 41=Mayo Clinic, Rochester, MN
 21=Columbia University, New York, NY 51=University of Arizona, Tucson, AZ
 22=Cornell University, New York, NY 61=Vanderbilt University, Nashville, TN
 31=Johns Hopkins University, Baltimore, MD
2. Date emergency supplies requested (mm/dd/yyyy)..... ____/____/____
3. Username of the person requesting the supplies(s)..... _____
4. Shipping address:
 - a. Mark to the attention of _____
 - b. Line 1 _____
 - c. Line 2 _____
 - d. Line 3 _____
 - e. Line 4 _____
 - f. City _____
 - g. State _____
 - h. Zip/Postal Code _____
 - i. Phone number for contact (____) ____ - ____
5. Latest date the supplies should arrive (mm/dd/yyyy)..... ____/____/____
6. Reason for requesting emergency supplies..... _____
 1=Need the next batch of kits earlier than the regular shipment
 2=Need replacement supplies for a study participant
 3=Both 1 and 2
7. If Q6=1 or 3, how many kits (excluding the replacement kit) are requested _____

Note: If Q6=1, skip to Q200 now.

8. If Q6=2 or 3, study participant the replacement kit is needed for:
 - a. Identification number..... _____
 - b. Alphacode _____

Complete Q9 – 15 only for the supplies you want to request.

9. PVDOMICS Blood Collection 1 Replacement Supplies (1=Complete supplies, 2=Parts only).....

If Q9=2, indicate what kind of tubes you need and how many:

- a. 5 ml Serum Separator Gold top Vacutainer™ blood tube (gel barrier)
- b. 4 ml NA-Heparin Green top Vacutainer™ blood tube
- c. 4 ml EDTA Plasma Lavender top Vacutainer™ blood tube
- d. 4.5 ml NA-Citrate Blue top Vacutainer™ blood tube
- e. 10 ml EDTA Plasma Lavender top Vacutainer™ blood tube

10. PVDOMICS Blood Collection 1 Processing Supplies (1=Complete supplies, 2=Parts only)

If Q10=2, indicate what kind of cryovials you need and how many:

- a. 0.5 ml Yellow top cryovial
- b. 0.5 ml Blue top cryovial.....
- c. 0.5 ml Lavender top cryovial

11. PVDOMICS Blood Collection 2 Supplies:

RHC with or without iCPET at Rest (1=Complete supplies, 2=Parts only).....

If Q11=2, indicate what kind of tubes you need and how many:

- a. 2.5 ml PAXGene® Red top Vacutainer™ blood tube.....
- b. 10 ml EDTA Plasma Lavender top Vacutainer™ blood tube
- c. 5 ml Serum Separator Gold top Vacutainer™ blood tube (gel barrier)
- d. 4 ml EDTA Plasma Lavender top Vacutainer™ blood tube

12. PVDOMICS Blood Collection 2 Processing Supplies:

RHC with or without iCPET at Rest (1=Complete supplies, 2=Parts only).....

If Q12=2, indicate what kind of cryovials you need and how many:

- a. 0.5 ml Yellow top cryovial
- b. 0.5 ml Lavender top cryovial
- c. 2 ml Clear top cryovial

13. PVDOMICS Blood Collection 2 Supplies:

RHC with iCPET during Rest, Peak and Post (1=Complete supplies, 2=Parts only)

If Q13=2, indicate what kind of tubes you need and how many:

- a. 2.5 ml PAXGene® Red top Vacutainer™ blood tube.....
- b. 10 ml EDTA Plasma Lavender top Vacutainer™ blood tube
- c. 5 ml Serum Separator Gold top Vacutainer™ blood tube (gel barrier)
- d. 4 ml EDTA Plasma Lavender top Vacutainer™ blood tube

14. PVDOMICS Blood Collection 2 Processing Supplies:

RHC with iCPET during Rest, Peak and Post (1=Complete supplies, 2=Parts only) _____

If Q14=2, indicate what kind of cryovials you need and how many:

- a. 0.5 ml Yellow top cryovial _____
- b. 0.5 ml Lavender top cryovial _____
- c. 2 ml Clear top cryovial _____

15. PVDOMICS Urine Collection 1 Supplies (1=Complete supplies, 2=Parts only) _____

If Q15=2, indicate what kind of tubes you need and how many:

- a. SC Urine Cup 57x76mm 100ml PP Label Sterile _____
- b. 2 ml Orange cryovial _____
- c. Thermo Scientific™ Nunc™ 15mL Conical Sterile Polypropylene Centrifuge Tubes _____
- d. Thermo Scientific™ Nunc™ 50mL Conical Sterile Polypropylene Centrifuge Tubes _____

Comments for the Biorepository Core:

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 _____