



PVDOMICS STUDY

CORE – Biological Sample Tracking System

Room Temperature Processing Form #357

Instructions: Biorepository Core personnel processing blood should be familiar with the PVDOMICS blood processing MOP Chapter 34.

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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 receiving the package

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

Type of sample	6. Was this type of sample processed? 0=No, 1=Yes	7. Start time of processing sample (24-hr clock) (hh:mm)	8. Time specimen placed in -70°C/-80°C freezer (24-hr clock) (hh:mm)	9. Date specimen placed in Liquid Nitrogen freezer (mm/dd/yyyy)	10. Time specimen placed in Liquid Nitrogen freezer (24-hr clock) (hh:mm)
a. Plasma MicroRNA	—	— : —	— : —	n/a	n/a
b. WBC Fixed	—	— : —	— : —	— / — / —	— : —
c. CEL/MNCs	—	— : —	— : —	— / — / —	— : —
d. Platelets	—	— : —	— : —	— / — / —	— : —
e. MNC-Heparin	—	— : —	— : —	— / — / —	— : —

11. Number of cryovials of Plasma MicroRNA

12. Number of cryovials of WBC Fixed

13. Number of cryovials of CEL/MNCs

14. Number of cryovials of Platelets

15. Number of cryovials of MNC-Heparin.....

16. Volume of MicroRNA (ul)

17. Cell Count of WBC Fixed per vial (10⁶) 18. Cell Count of CEL/MNCs per vial (10⁶) 19. Cell Count of Platelets (10⁶) 20. Cell Count of MNC-Heparin (10⁶)

21. 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..... _____

<u>Clinical Center Use Only</u> Date form entered (mm/dd/yyyy) ____/____/____ Username of person entering this form _____
