



LONGITUDINAL PVDOMICS (L-PVDOMICS) STUDY
Shipping of Frozen Blood and Urine Cryovials,
PAXgene® Tubes and Urine Tubes to Biorepository Form #803

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1. Center Number

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2. Date specimen(s) (mm/dd/yyyy)

To: **Cleveland Clinic**
Lerner Research, NB2-037
Attn: Laura Peterson
2111 E. 96th St.
Cleveland, OH 44106
(216) 445-6625
pvd-biorepos@bio.ri.ccf.org

Pack the cryovials on dry ice as described in MOP Chapters 234/235. **Only L-PVDOMICS specimens should be included in the shipment box. PVDOMICS specimens should be shipped separately.** Ship samples to address above in the mailer provided. Shipping can occur on Monday-Wednesday as long as the following day is not a holiday. Email pvd-biorepos@bio.ri.ccf.org prior to shipping to confirm the lab is able to receive packages the next day. **Do not ship frozen packages on Thursday or Friday.**

Notify the Biorepository by email (pvd-biorepos@bio.ri.ccf.org) on the day of shipment with the tracking number(s). Enclose printout of the appropriate shipment log in each mailer. Keep a copy of this form for your records. Enter Q1-3 in the database.

3. Total number of big boxes sent _____

Notify the Biorepository to convey package tracking number(s) and date of shipment.

Package Tracking Number(s): _____

Emailed/Faxed/Called in to:

	____/____/____	____:____
Name of Biorepository Staff Member	Date of Notification (mm/dd/yyyy)	Time of Notification (24 hour clock) (hh:mm)

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 _____