



L-PVDOMICS STUDY

Center Urine Collection Processing Sample - Form #821

Instructions: L-PVDOMICS Study Team member processing urine should be familiar with MOP Chapter 233. The study coordinator will provide the study participant identification number and alpha code.

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1. Identification Number

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2. Alphacode

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3. Urine Processing Date (mm/dd/yyyy)

4. Biorepository Kit Number LPVD _____

5. Username of the person processing the sample _____

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

7. Time of start of processing sample (24-hr clock) (hh:mm) : _____

8. Was the required volume of urine collected?
(0=No, 1=Yes, enough for cryovials and 15 ml tube, 2=Yes, but enough for cryovials only)

9. Time specimen frozen upright in dry ice (24-hr clock) (hh:mm) : _____

10. Time specimen placed in -70°C/-80°C freezer (24-hr clock) (hh:mm) : _____

11. Number of cryovials of 1.5ml urine
*Note: Place a black dot with permanent marker on the screw cap if the volume is less than 1.5ml*12. Number of 5 ml tubes
Note: Do not fill tube past the 10ml mark

13. Number of pellet cryovials.....

14. 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 _____