



## PVDOMICS STUDY

### Center Blood Collection 1 – Processing Sample Form #301

**Instructions:** Person processing blood should be familiar with the PVDOMICS blood processing MOP Chapter 34. The study coordinator will provide the study participant identification number and alphacode.

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1. Identification Number

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2. Alphacode

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3. Processing Date (mm/dd/yyyy)

Place bag label here

4. Username of the person processing the sample .....

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

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

Type of tube(s)	7. Was the required volume of blood collected? 0=No, 1=Yes, 8=Not collected	8. Was the specimen placed on ice before processing? 0=No, 1=Yes	9. Start time of processing sample (24-hr clock) (hh:mm)	10. Specimen condition 0=Normal, 1=Hemolysis, 2=Milky	11. Time specimen frozen in dry ice (24-hr clock) (hh:mm)	12. Time specimen placed in -70°C/-80°C freezer (24-hr clock) (hh:mm)
a. Gold Top SST 5ml	—	—	—:—	—	—:—	—:—
b. Gold Top SST 5ml	—	—	—:—	—	—:—	—:—
c. Lavender Top EDTA Plasma 4ml	—	—	—:—	—	—:—	—:—
d. Blue Top Na-Citrate 4.5ml	—	—	—:—	—	—:—	—:—

13. Date sample frozen (mm/dd/yyyy) ..... / ..... / .....

14. Number of cryovials of 400ul Serum-CC-PRL.....

15. Number of cryovials of 200ul Serum.....

16. Number of cryovials of 200ul Plasma.....

17. Number of cryovials of 200ul Plasma-Cit.....

*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 \_\_\_\_\_