PVDOMICS

PVDOMICS STUDY
Center Blood Collection 2 –
Processing *PAXgene*® "Rest, Peak and Post" Sample Form #308

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. This form should be used for **all participants** from Invasive CPET Clinical Centers **11, 41, and 51** with blood drawn.

1. Identification Number 2. Alphacode 3. Processing Date (mm/dd/yyyy)

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

5. Time "Rest" tubes were received in lab (24-hr clock) (hh:mm) ..... ___ ___: ___ ___

6. Time "Peak" tubes were received in lab (24-hr clock) (hh:mm)..... ___ ___: ___ ___

7. Time "Post" tubes were received in lab (24-hr clock) (hh:mm) ..... ___ ___: ___ ___

Type of Blood Type of Tube	8. Was the required volume of blood collected? 0=No, 1=Yes, 8=Not collected	9. Was the specimen delivered at <u>room temperature</u>? 0=No, 1=Yes	10. Time specimen placed upright at <u>room temperature</u> (24-hr clock) (hh:mm)	11. Time specimen placed in <u>-20ºC freezer</u> (24-hr clock) (hh:mm)	12. Time specimen placed in <u>-70ºC/-80ºC freezer</u> (24-hr clock) (hh:mm)	13. Date specimen placed in -70ºC/-80ºC freezer (mm/dd/yyyy)
a. Rest Venous Red Top *PAXgene*® 2.5ml	___	___	___ ___: ___ ___	___ ___: ___ ___	___ ___: ___ ___	__ __/__ __/__ __ __ __
b. Rest Systemic Artery Red Top *PAXgene*® 2.5ml	___	___	___ ___: ___ ___	___ ___: ___ ___	___ ___: ___ ___	__ __/__ __/__ __ __ __
c. Pulmonary Capillary "Rest Wedge" Red Top *PAXgene*® 2.5ml	___	___	___ ___: ___ ___	___ ___: ___ ___	___ ___: ___ ___	__ __/__ __/__ __ __ __
d. Pulmonary Artery "Rest Mix" Red Top *PAXgene*® 2.5ml	___	___	___ ___: ___ ___	___ ___: ___ ___	___ ___: ___ ___	__ __/__ __/__ __ __ __

Type of Blood Type of Tube	8. Was the required volume of blood collected? 0=No, 1=Yes, 8=Not collected	9. Was the specimen delivered at <u>room temperature</u>? 0=No, 1=Yes, 8=Not collected	10. Time specimen placed upright at <u>room temperature</u> (24-hr clock) (hh:mm)	11. Time specimen placed in <u>-20ºC freezer</u> (24-hr clock) (hh:mm)	12. Time specimen placed in <u>-70ºC/-80ºC freezer</u> (24-hr clock) (hh:mm)	13. Date specimen placed in -70ºC/-80ºC freezer (mm/dd/yyyy)
e. Pulmonary Artery "Peak Mix" Red Top *PAXgene*® 2.5ml	___	___	___ ___: ___ ___	___ ___: ___ ___	___ ___: ___ ___	__ __/__ __/__ __ __ __
f. Systemic Artery "Peak Syst art " Red Top *PAXgene*® 2.5ml	___	___	___ ___: ___ ___	___ ___: ___ ___	___ ___: ___ ___	__ __/__ __/__ __ __ __
g. Pulmonary Artery "Post Mix" Red Top *PAXgene*® 2.5ml	___	___	___ ___: ___ ___	___ ___: ___ ___	___ ___: ___ ___	__ __/__ __/__ __ __ __
h. Systemic Artery "Post Syst art " Red Top *PAXgene*® 2.5ml	___	___	___ ___: ___ ___	___ ___: ___ ___	___ ___: ___ ___	__ __/__ __/__ __ __ __

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 ..... ___ ___ ___ ___ ___ ___ ___

<u>Clinical Center Use Only</u>

Date form entered (mm/dd/yyyy) ___ ___/___ ___/___ ___ ___ ___

Username of person entering this form___ ___ ___ ___ ___ ___ ___