



PVDOMICS STUDY Center Blood Collection 2 –

Processing “Rest, Peak and Post” Samples into Cryovials Form #309

Instructions: Person processing blood should be familiar with the PVDOMICS blood processing MOP Chapter 34. Check if participant ID on Vacutainer™ blood tubes matches with ID on the cryovials and sticker provided in processing kit. The correct alphacode must be provided by the study coordinator before the form can be entered into the database. This form should be used for **all participants** from Invasive CPET Clinical Centers **11, 41, and 51** with blood drawn.

Place bag label here

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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 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(s)	8. Was the required volume of blood collected? 0=No, 1=Yes, 8=Not collected	9. Was the specimen placed on ice before processing? 0=No, 1=Yes	10. Start time of processing sample (24-hr clock) (hh:mm)	11. Specimen condition 0=Normal, 1=Hemolysis, 2=Milky	12. Time specimen frozen in dry ice (24-hr clock) (hh:mm)	13. Time specimen placed in -70°C/-80°C freezer (24-hr clock) (hh:mm)
Rest Venous	a. Lavender Top EDTA 10ml	___	___	___:___	___	___:___	___:___
Rest Venous	b. Lavender Top EDTA 10ml	___	___	___:___	___	___:___	___:___
Rest Venous	c. Gold Top SST 5ml	___	___	___:___	___	___:___	___:___
Rest Systemic Artery	d. Lavender Top EDTA 4 ml	___	___	___:___	___	___:___	___:___

Type of Blood	Type of Tube(s)	8. Was the required volume of blood collected? 0=No, 1=Yes, 8=Not collected	9. Was the specimen placed on ice before processing? 0=No, 1=Yes	10. Start time of processing sample (24-hr clock) (hh:mm)	11. Specimen condition 0=Normal, 1=Hemolysis, 2=Milky	12. Time specimen frozen in dry ice (24-hr clock) (hh:mm)	13. Time specimen placed in -70°C/-80°C freezer (24-hr clock) (hh:mm)
Pulmonary Capillary "Rest Wedge"	e. Lavender Top EDTA 4ml	____	____	____:____	____	____:____	____:____
Pulmonary Artery "Rest Mix"	f. Lavender Top EDTA 4ml	____	____	____:____	____	____:____	____:____
Pulmonary Artery "Peak Mix"	g. Lavender EDTA 4ml	____	____	____:____	____	____:____	____:____
Systemic Artery "Peak Syst art"	h. Lavender EDTA 4ml	____	____	____:____	____	____:____	____:____
Pulmonary Artery "Post Mix"	i. Lavender EDTA 4ml	____	____	____:____	____	____:____	____:____
Systemic Artery "Post Syst art"	j. Lavender EDTA 4ml	____	____	____:____	____	____:____	____:____

14. Number of cryovials of 200ul Serum-Rest-Venous ____

15. Number of cryovials of 200ul Plasma Rest-Venous..... ____

16. Number of cryovials Buffy Coat-Venous ____

17. Number of cryovials of 200ul Plasma Rest-Mix ____

18. Number of cryovials of 200ul Plasma Rest-Wedge..... ____

19. Number of cryovials of 200ul Plasma Rest-SystArt..... ____

20. Number of cryovials of 200ul Plasma Peak-Mix..... ____

21. Number of cryovials of 200ul Plasma Peak-SystArt ____

22. Number of cryovials of 200ul Plasma Post-Mix ____

23. Number of cryovials of 200ul Plasma Post-SystArt..... ____

Note: Place a black dot with permanent marker on the screw cap if the volume is less than 200 uL

24. 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 _____