



PVDOMICS STUDY

Center Urine Collection 1 Processing Sample - Form #321

Instructions: Person processing urine should be familiar with the PVDOMICS urine collection and processing MOP Chapter 35. 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)

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) : _____
7. 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)
8. Time specimen frozen upright in dry ice (24-hr clock) (hh:mm) : _____
9. Time specimen placed in -70°C/-80°C freezer (24-hr clock) (hh:mm) : _____
10. 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
11. Number of 15ml tubes
Note: Do not fill tube past the 10ml mark
12. Number of pellet cryovials.....
13. 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 _____