



ID # (affix barcode label here on BOTH copies of form)

**COPD Gene
In-clinic Specimen Transmittal Form**

Date/time samples were collected	____ / ____ / 20 ____ : ____ AM PM (circle one) M M D D Y Y
Date/ time SST tube was centrifuged	____ / ____ / 20 ____ : ____ AM PM (circle one) M M D D Y Y
Date/time specimens were refrigerated	____ / ____ / 20 ____ : ____ AM PM (circle one) M M D D Y Y

	Blood Tube #			
	1 10ml EDTA	2 10ml EDTA	3 10ml EDTA	4 10 ml SST
Collected (check if yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QC (check if problems occurred and list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quality Control
1) List any comments or problems that occurred during sample collection.

Signature of Nurse/Phlebotomist: _____	Date: _____
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Date samples shipped to JHU Lab ____ / ____ / 20 ____ M M D D Y Y	One copy – include in shipment to JHU Lab One copy – retain for site records
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To be completed by JHU Lab

Date and Time of Receipt ____ / ____ / 20 ____ : ____ AM PM (circle one) M M D D Y Y

Specimen	Received	Special Instructions	QC	Comments
Blood Tube	1	<input type="checkbox"/>	<input type="checkbox"/>	Sent to Scott/CIDR Lab
	2	<input type="checkbox"/>	<input type="checkbox"/>	Processed for repository
	3	<input type="checkbox"/>	<input type="checkbox"/>	Processed for repository
	4	<input type="checkbox"/>	<input type="checkbox"/>	Processed for repository

Signature of Technician _____	Date _____
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