



BIOREPOSITORY SPECIMEN FORM (R333)



University of Michigan Health System

Michigan Medical Genetics Laboratories
MOLECULAR GENETICS LABORATORY

PHN Single Ventricle Reconstruction (SVR II) Extension Study
BIOREPOSITORY LABORATORY

Printed scannable barcode
95-04-00123

Purple-top tube	Tiger-top tube	Serum collection tube	Saliva collection tube
Scannable barcode 95-04-00123-0-1	Scannable barcode 95-04-00123-0-2	Scannable barcode 95-04-00123-0-3	Scannable barcode 95-04-00123-0-4
95-04-00123-0-1	95-04-00123-0-2	95-04-00123-0-3	95-04-00123-0-4
Scannable barcode 95-04-00123-0-1	Scannable barcode 95-04-00123-0-2	Scannable barcode 95-04-00123-0-3	Scannable barcode 95-04-00123-0-4

INSTRUCTIONS: Do not collect a sample if a study subject has received a **blood transfusion** in the preceding **14** days. Complete and data enter one form for **every sample** shipped to the Biorepository. Maintain this form in a secure location, separate from the subject's research file. Do not photocopy. This form must be destroyed either at the close of the study or upon request by the Data Coordinating Center.

Section A: KEY IDENTIFYING INFORMATION

A1. Patient Identification Number _____ - _____ - _____ - _____

A2. Study visit GENETICS VISIT 77

A3. Date form completed _____ / _____ / _____

M M / D D / Y Y Y Y

A4. Name of person completing form _____

PRINT FULL NAME INITIALS

Section B: SPECIMEN INFORMATION

B1. Source of Sample

STUDY SUBJECT 0

BIOLOGIC MOTHER 1

BIOLOGIC FATHER 2

B2. Sample collection (for DNA)

BLOOD in purple top tube.....1 SALIVA.....2 (B2b)

a. Purple top numerical ID (double data entry)

b. Saliva tube numerical ID (double data entry)

c. Date collected _____ / _____ / _____

M M / D D / Y Y Y Y

d. Stored at (<24 hrs) AMBIENT TEMP.....1 4°C (REFRIGERATOR).....2

e. Shipped to Biorepository AMBIENT TEMP.....1 FROZEN GEL PACKS.....2

f. Date sample shipped to Biorepository _____ / _____ / _____

M M / D D / Y Y Y Y

If saliva is collected END the form

B3. Sample collection in Tiger Top tube (for Serum)

a. Date collected _____ / _____ / _____

M M / D D / Y Y Y Y

b. Is Serum separated? YES.....1 NO.....2

1. Serum numerical ID (double data entry)
(use serum label if separated, tiger top label if not separated)

c. Stored at (<24 hrs) 4°C (REFRIGERATOR).....1 -20°C (LAB FREEZER)....2

d. Shipped to Biorepository FROZEN GEL PACKS.....1 DRY ICE.....2

e. Date sample shipped to Biorepository _____ / _____ / _____ (END)

M M / D D / Y Y Y Y