

AFT BioMS Specimen Log and Shipping Manifest

Please use this form in conjunction with the AFT BioMS Contingency Plan

[AFT BioMS Contingency Plan](#)

Fax completed form directly to 314-362-3212 OR email to aftbiomshelp@email.wustl.edu

This form is to be used ONLY in the event that the AFT Biospecimen Tracking System (AFT BioMS) is unavailable due to system outage or if biospecimens are being collected at a site which is not an AFT member: Please complete this form electronically and type all text in the appropriate fields. Provide any and all information available regarding the specimen(s) included in this shipment as well as any contact information for the party responsible for this specimen. This form or a copy of this form must accompany the specimen(s) in this shipment. When shipping specimens from more than one participant, complete a separate form for each participant. If shipping more than three specimens per patient, please attach additional forms. Specimens should be shipped according to protocol requirements. Questions or concerns regarding specimen shipment or this form should be directed to the e-mail address or phone number listed at the bottom of this form. Thank you for your participation.

Contact Information - To be completed by responsible party/CRA who can be contacted directly regarding this submission.

First Name*	<input type="text"/>	Last Name*	<input type="text"/>		
Email Address*	<input type="text"/>	Phone Number*	<input type="text"/>	Extension	<input type="text"/>
Institution*	<input type="text"/>	SITE ID	<input type="text"/>		
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>				

Specimen Information

Protocol Number (e.g. A031203)	<input type="text"/>	<input type="text"/>			
Patient Registration ID	<input type="text"/>	Specimen Collection Date*	<input type="text"/>		
Patient Initials	<input type="text"/>	<input type="text"/>	Specimen Collection Time (24hr clock)	<input type="text"/>	
	Last	First	Middle	Accession/Block Number(s) if tissue is submitted	<input type="text"/>
Collection Time Point (epoch/arm)	<input type="text"/>	<input type="text"/>			
Specimen Type 1	<input type="text"/>	Quantity 1	<input type="text"/>		
Specimen Type 2	<input type="text"/>	Quantity 2	<input type="text"/>		
Specimen Type 3	<input type="text"/>	Quantity 3	<input type="text"/>		
Additional Information (MRN if Patient ID is unavailable, return address /date for blocks/H&Es, completing a previous submission, etc...)					
<input type="text"/>					
Carrier	<input type="text"/>	Tracking Number*	<input type="text"/>	Date Shipped	<input type="text"/>

* Denotes a required field.