

BioMS Specimen Log and Shipping Manifest

This form is to be used in conjunction with the BioMS Contingency Plan

<http://tinyurl.com/alliance-bioms-contingency>

Fax completed form directly to 614-688-4755 or email Donna.Bucci@osumc.edu

This form is to be used **ONLY for A061202 for the "Prior to Initiation of Therapy"** fresh bone marrow aspirate submission to the Alliance Hematological Malignancy Biorepository. Please complete this form. 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. **As the CRA responsible for the specimens, you MUST contact the repository to inform them of patient registration IDs AND screen failures. Once Patients are deemed to be eligible and registered to the trial, please log their specimen in the BioMS application using the information from this form. For registered patients, you must complete the rest of the specimen collection and shipping process in BioMS, and then forward the packing slip along with the specimens to the repository. Thank you for your participation**

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

<input type="text"/>		<input type="text"/>	
First Name*		Last Name*	
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email Address*		Phone Number*	Extension
Institution*	<input type="text"/>		SITE CTEP 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*
Patient Initials	<input type="text"/>	Specimen Collection Time (24hr clock)
	Last , First Middle	Accession/Block Number(s) if tissue is submitted
DOB	<input type="text"/>	<input type="text"/>
Collection Time Point (epoch/arm)	<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"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Carrier	Tracking Number*	Date Shipped

* Denotes a required field.