BioMS Specimen Log and Shipping Manifest

This form is to be used in conjunction with the BioMS Contigency Plan located at the following link.
https://washu.atlassian.net/wiki/x/pgAvCw
Fax completed form directly to 314-747-7999 or email form to bioms@alliancenctn.org. Specimens will be logged into the BioMS Tracking Application once system is available

This form is to be used ONLY in the event that the Alliance Biospecimen Tracking System (BioMS) is unavailable due to a system outage. Please complete all applicable 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 the specimen(s). This form or a copy of this form <u>must</u> 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*

Last Name*

Email Address*

Phone Number*

Extension

Institution*

SITE CTEP ID

Address

City

State

Zip Code

Country

Specimen Information

Protocol Number (e.g. A031203)

Patient Registration ID

Specimen Collection Date*

Specimen Collection Time (24hr clock)

Patient Initials

Last ,   First   Middle

Accession/Block Number(s) if tissue is submitted

Collection Time Point (epoch/arm)

Specimen Type 1	Quantity 1
Specimen Type 2	Quantity 2
Specimen Type 3	Quantity 3

Additional Information (MRN if Patient ID is uavailable, return address /date for blocks/H&Es, completing a previous submission, etc...)

Carrier

Tracking Number*

Date Shipped

* Denotes a required field.