

# BioMS Specimen Log and Shipping Manifest

This form is to be used in conjunction with the BioMS Contingency Plan located at the following link.

[BioMS Contingency Plan](#)

Fax completed form directly to 314-747-7999 or email form to [bioms@alliancencn.org](mailto:bioms@alliancencn.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 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 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*	<input type="text"/>
Patient Initials	<input type="text"/> Last , <input type="text"/> First <input type="text"/> Middle	Specimen Collection Time (24hr clock)	<input type="text"/>
Collection Time Point (epoch/arm)	<input type="text"/>	Accession/Block Number(s) if tissue is submitted	<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.