

S52r0 Phlebotomy and Proteomics Form

Patient's Identification Number _____

Letter Code: _____

Visit Date (yyyy/mm/dd): _____

Correction: Yes
 No

1. Date of blood draw (yyyy/mm/dd): _____

2. Time of blood draw (24-hour clock): _____

3. Time of serum spin (24-hour clock): _____

4. Time frozen to -80 degrees C (24-hour clock): _____

5. Ship date (yyyy/mm/dd): _____

6. Time placed on dry ice for shipping (24-hour clock): _____

Label

Affix duplicate label here: _____

All specimens must be received by 2 P.M. (U.S. East Coast time) on Thursday.

7. Airbill Number: _____

8. Carrier: _____

8A. Tubes Volume (250 microliter)

8A-1. Red (xxx) _____

8A-2. Red (xxx) _____

8A-3. Red (xxx) _____

8A-4. Red (xxx) _____

8A-5. Red (xxx) _____

8A-6. Red (xxx) _____

8B. Tubes Volume (500 microliter)

- 8B-1. Blue (xxx) _____
- 8B-2. Blue (xxx) _____
- 8B-3. Blue (xxx) _____
- 8B-4. Blue (xxx) _____
- 8B-5. Blue (xxx) _____
- 8B-6. Blue (xxx) _____

9. Unable to obtain blood?

Email explanation to Dr. Casella, at jcasell1@jhmi.edu, if unable to obtain blood.

Email explanation sent to Dr. Casella

10. Upload scanned copy of Form 52 after attaching duplicate label. If you do not have access to a scanner, fax to the Statistical Data Center (Pat Morris/Len Haertter) at (314) 362-0231.

11. Ship samples to Dr. Emily Barron Casella. Include the original of Form 52 with shipment.

Dr. Emily Barron Casella, Johns Hopkins School of Medicine, 720 Rutland Avenue, Ross Building 1125, Baltimore, MD 21205, Phone Number: (410) 955-6132

Shipped samples to Dr. Casella

Staff I.D. #: _____