



Site Code: _____

Effective Date: ____/____/____

SHIPPING MANIFEST CENTRAL LAB-CCF:URINE

Form # 82

This shipping manifest lists accession numbers for 24-hour urine samples to be collected from a participant in the HALT-PKD Study and shipped to the reference laboratory at Cleveland Clinic (CCF). The visit code and participant ID number must not appear on this form. Refer to the Manual of Procedures for details regarding sample collection, handling and shipping. Samples are to be stored at the collection site (-20 degrees Celsius or colder) and shipped to CCF monthly, or within 4 months. This form must be completed at the time of collection and kept in sequential order to reflect samples being stored at the site. To complete this form:

1. Enter the effective date.
2. Verify the number of tubes per sample (one) and enter it in the appropriate field below. Note: Do not include back-up samples.
3. Enter the total collection volume of 24-hour urine for this visit (from Urine Sample Collection Form 16, #1).
4. Number the pages in sequence (lower right corner) and store them in the PCC's freezer log until the time of shipment.
5. When shipping, check the field in the appropriate column below. If, for any reason, a sample will *never* be shipped to the lab (if the sample was lost, destroyed or was not collected), the reason must be provided in the appropriate field below.
Note: Only shipping information *on the first page* (1 of __) is required per shipment (see II below).
6. Copies of the completed forms are to be retained at the collection site. The originals are to be sent with the shipment.

I. SAMPLE INFORMATION

	Sample Type (24hr urine)	Number of tubes	Tube/ Sample Size	Accession Number	Check when shipped	Provide the reason if a sample will never be sent

Comments: _____

II. SHIPPING INFORMATION:

Number the pages in sequence and staple the packet to create a single manifest per shipment. The shipping information below is only required on the *first page* of the manifest per shipment. All completed pages of the manifest must be copied and retained at the site. The originals are to be included in the shipment. Refer to the Manual of Procedures for shipping instructions.

Samples are to be shipped via next-day service to: Dr. Sihe Wang
 HALT-PKD Study
 Cleveland Clinic Laboratories
 2119 E. 93rd Street
 Cleveland, OH 44106 Phone: (216) 448-8416

Air Bill Number: _____ Fed Ex Other _____ Date of Shipment: ____/____/____

Name of Shipper/Form Completer: _____ Email address: _____

Phone: (____) _____ Fax: (____) _____

Temperature: _____ Celsius Fahrenheit Dry Ice _____ lbs Number of Boxes: _____

HALT PKD staff member completing this form: _____ *cmidnum* Date: ____/____/____
 Month *cdm* Day *cd* Year *cdy*

HALT PKD investigator reviewing this form: _____ (signature required) Date: ____/____/____
 Month Day Year

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ Date: ____/____/____
deidnum *dem* Month *ded* Day *dey* Year

Secondary Entered by: _____ Date ____/____/____