



Participant ID: \_\_\_\_\_

Participant Initials: \_\_\_\_\_

Clinical Center: \_\_\_\_\_

Site: \_\_\_\_\_

Visit Number: \_\_\_\_\_

CRF Date: \_\_\_\_\_

RC ID: \_\_\_\_\_

**PROTEOMICS SPECIMEN TRANSFER – REDUCED COLLECTION**

**Specimen Collection #:** \_\_\_\_\_ *(This field must be completed)*

- 1a. 1<sup>st</sup> Collection: Date: \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy) 1b. Time: \_\_\_ : \_\_\_ (military time) 1c. <sub>99</sub> Not Collected
- 1d. 2<sup>nd</sup> Collection: Date: \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy) 1e. Time: \_\_\_ : \_\_\_ (military time) 1f. <sub>99</sub> Not Collected
- 2a. 1<sup>st</sup> Frozen Collection: Date: \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy) 2b. Time: \_\_\_ : \_\_\_ (military time)
- 2b. 2<sup>nd</sup> Frozen Collection: Date: \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy) 2d. Time: \_\_\_ : \_\_\_ (military time)
3. Problems with specimen collection: <sub>1</sub> Yes (Foley catheter, contamination from UTI, menses, etc.) <sub>0</sub> No
- Comments: \_\_\_\_\_
- 3a. Please indicate which specimens below were processed from the second collection:  Spec. #1  Spec. #2  Spec. #3  Spec. #4  Spec. #5  Spec. #6  Spec. #7  Spec. #8

*Please note that Questions #4 and #5 are now used as administrative information and will not be entered into the DMS by the sites. This section will only be completed when sites are unable to record this information through the Specimen Label Printing module in which case the Central Lab personnel will enter the appropriate information.*

3. Specimen Status:

Spec. #	Seq. #	Specimen Type	Completed by Research Coordinators			Completed by Lab Personnel									
			Total Volume (ml)	Ship'd	Spec. Not Avail.	Check one below				If specimen unacceptable, check reason(s)					
						Rec'd. & Accept.	Unaccept. & Usable	Not Rec'd	Rec'd Unaccept. & Unusable	Thawed Spec.	Spec. with Labeling Errors	Spec. with Insuff. Vol.	Damag'd Package	Delays in Ship'g	Other
1	1	Proteomics – 3 mL		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	Proteomics – 3 mL		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	3	Proteomics – 3 mL		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	4	Proteomics – 3 mL		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	5	Proteomics – 3mL		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	6	Proteomics – 3mL		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	7	Proteomics – 9 mL		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	8	Proteomics – 9 mL		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Date of specimen shipment: \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy)



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**Participant Initials:**

**Clinical Center:**

**Site:**

**Visit Number:**

**CRF Date:**

**RC ID:**

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**PROTEOMICS SPECIMEN TRANSFER – REDUCED COLLECTION**

**RC Instructions:**

- Fax this CRF prior to shipping to: **CRIC Central Laboratory Personnel** Fax #: (215) 746-5645
- Send copy of this CRF with specimen to: **University of Pennsylvania Central Laboratory**