Grant / Study Processing

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| --- | --- | --- | --- |
| Date |  | Study Name |  |
| Protocol Number |  | Study Coordinator / Contact |  |
| Pager Number |  | Phone Number |  |
| Collection / Special Requirements |  |  |  |

Processing Requirements: Please **Type** and complete Chart Below.

**Will supplies be provided (circle): YES**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tube****Color** | **Centrifuge****Y or N** | **Aliquot Volume** | **Centrifuge Speed RPM’s** | **Centrifuge****How long?** | **Aliquot****How Many Tubes?** | **Storage** | **Will Lab be Shipping?** | **Time****Point of Draw** | **Additional Comments** |
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**Will Lab Ship? YES or NO (If yes, enter shipping address and instructions below)**

|  |  |
| --- | --- |
| **Shipping Address:** |  |
| **Shipping Instructions:**  |  |