

## SPIRIT 2 – BIOBANK SHIPPING FORM

### 8 X 6ML TUBES TO GLASGOW

#### Site Details

Principal Investigator	
Hospital Name	
Hospital Address	
SPIRIT 2 Site Number	
Telephone Number	
Fax Number	
Email address	

#### Sample Details

SPIRIT 2 Patient Number	Patient Initials	Biohazard (include details of any known biohazard)	Date of Birth dd/mm/yyyy	Sample Date dd/mmm/yy
eg. 0015	JB	Hepatitis C positive	01 Jan 1970	01 Aug 09

#### Checklist

<p><b>Shipping day:</b> samples should be sent in the packing provided via first class post on a <b>Monday, Tuesday or Wednesday only</b>. If you need to collect samples on a Thursday please contact us (0191 282 0904) and we can send you <i>special delivery</i> (next day) boxes.</p>
<p><b>Sample requirements:</b> Please fill 8 tubes and send them in the enclosed SafeBox</p>
<p><b>Sample tubes labeled with:</b></p> <ul style="list-style-type: none"> <li>• SPIRIT 2 patient trial number (Patient number from SPIRIT 2 website)</li> <li>• Patient initials</li> <li>• Date of birth</li> <li>• Date <b>and time</b> the sample was taken</li> </ul>
<p><b>Samples addressed to:</b></p> <p style="margin-left: 40px;">           SPIRIT 2 BioBank Sample            Paul O’Gorman Leukaemia Research Centre            Gartnavel General Hospital            1053 Great Western Road            Glasgow            G12 OYN            Phone 0141 301 7880         </p>
<p><b>Documentation:</b> Please include this completed shipping form with each sample shipment</p>