

SPIRIT 2 – Q-PCR SHIPPING FORM

Site Details

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

Sample Details

(Use one row per set of samples included*)

| SPIRIT Patient Number | Patient Initials | Biohazard (include details of any known biohazard) | Date of Birth dd/mm/yyyy | SPIRIT 2 Visit Number | Sample Date dd/mmm/yy | Dasatinib/Imatinib start date (or state if sample taken is pre-treatment) |
|-----------------------|------------------|---|-----------------------------|--------------------------|--------------------------|--|
| eg. 0015 | JB | Hepatitis C positive | 01 Jan 1970 | Visit No as per schedule | 01 Aug 05 | Pre-treatment |
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Sample Checklist

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| Shipping day: samples should be sent in the packing provided via first class post on a Monday, Tuesday or Wednesday only | |
| *Sample requirements: For each patient, 18 mls peripheral blood in EDTA tubes (eg. 3 x 6ml tubes) | |
| Sample tubes labeled with: <ul style="list-style-type: none"> SPIRIT 2 patient trial number (Patient number from SPIRIT 2 website) Patient initials Date of birth Date the sample was taken | |
| Package Identification: Outer package marked "SPIRIT 2 TRIAL" | |
| Samples addressed to: <p>SPIRIT 2 PCR Sample Dr Letizia Foroni Imperial Molecular Pathology Laboratories 2nd Floor, G BLOCK, Hammersmith Hospital Du Cane Rd London W12 OHS Phone: 0208 383 2167/2177/2179</p> | |
| Documentation: Include this completed form with each sample shipment | |