

SPIRIT 2 – Q-PCR SHIPPING FORM

Site Details

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	Screening	01 Aug 05	Pre-treatment

Sample Checklist

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 Haematology Department 4th Floor Commonwealth Building Hammersmith Hospital London W12 0NN Phone: 0208 383 2167/2177/2179</p>	
Documentation: Include this completed form with each sample shipment	