

## SPIRIT 2 – Q-PCR SHIPPING FORM

### Site Details

<b>Principal Investigator</b>	
<b>Hospital Name</b>	
<b>Hospital Address</b>	
<b>SPIRIT 2 Site Number</b>	
<b>Telephone Number</b>	
<b>Fax Number</b>	
<b>Email address:</b>	

### Sample Details

(Use one row per set of samples included\*)

SPIRIT Patient Number	Patient Initials	Biohazard <i>(include details of any known biohazard)</i>	Date of Birth dd/mm/yyyy	SPIRIT 2 Visit Number	Sample Date dd/mmm/yy	Dasatinib/Imatinib start date <i>(or state if sample taken is pre-treatment)</i>
eg. 0015	JB	Hepatitis C positive	01 Jan 1970	Screening	01 Aug 05	Pre-treatment

### Sample Checklist

<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>	
<b>*Sample requirements:</b> For each patient, 18 mls peripheral blood in EDTA tubes (eg. 3 x 6ml tubes)	
<b>Sample tubes labeled with:</b> <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 the sample was taken</li> </ul>	
<b>Package Identification:</b> Outer package marked "SPIRIT 2 TRIAL"	
<b>Samples addressed to:</b> Dr Letizia Foroni, MRD Group, LRF Adult Leukaemia Centre, Imperial School of Medicine, Department of Haematology, Hammersmith Hospital, Du Cane Road, London W12 0NN.	
<b>Documentation:</b> Include this completed form with each sample shipment	