

## 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<br><i>(include details of any known biohazard)</i> | Date of Birth<br>dd/mm/yyyy | SPIRIT 2 Visit Number | Sample Date<br>dd/mmm/yy | Dasatinib/Imatinib start date<br><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, 20 mls peripheral blood in EDTA tubes (eg. 2 x 10ml 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><br>Dr Letizia Foroni,<br>MRD Group,<br>LRF Adult Leukaemia Centre,<br>Imperial School of Medicine,<br>Department of Haematology,<br>Hammersmith Hospital,<br>Du Cane Road,<br>London W12 0NN.                   |  |
| <b>Documentation:</b> Include this completed form with each sample shipment  |  |