FSGS Novel Therapies (FONT)
Biological Specimen Repository Mailing Form

NIDDK Biosample Repository Contact Information

Address: McKesson BioServices
Attn: Heather Higgins
NIDDK Repository
20301 Century Blvd.
Building 6, Suite 400
Germantown, MD 20874

Email: NIDDKRepository@mckessonbio.com

Phone: (301) 252-6214 (Rich)
Phone: (240) 793-0353 (Heather)
Fax: (301) 515-4049

Ship samples to the address above in the mailer provided. Ship tubes on cold packs *within the shipping system.* Mondays through Thursdays, notify the repository of shipments by e-mail or by facsimile on the day the package is picked up by FedEx. For Friday shipments, please call the repository before 3:00 p.m. EDT. Send only 4.5 ml plasma separator tubes with light green caps, 4 ml serum separator tubes with gold caps and urine collection cups to the repository. Enclose this original form in the mailer. Keep a copy of this form. Key enter items 1 to 13.

Section A: To be completed at the FONT Participating Site:

Name and Street Address of FONT Participating Site:_____

_____

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1. Sample ID number (NIH Repository Site Identifier – FONT Participant ID)
2. Study code (FONT = FT)
3. Visit Number

4. Date of blood collection ..... (dd/mmm/yyyy) ___ ___/___ ___ ___/___ ___ ___ ___
5. Time of blood draw (24 hour clock)..... ___ ___: ___ ___
6. Number of 4 mL SST tubes (serum) sent to Repository..... ___
7. Number of 4.5 mL PST tubes (plasma) sent to Repository..... ___
8. Date of urine collection..... (dd/mmm/yyyy) ___ ___/___ ___ ___/___ ___ ___ ___
9. Time of urine collection (24 hour clock) ..... ___ ___: ___ ___
10. Number of containers of urine sent to Repository..... ___
11. Approximate volume of urine sent to Repository (ml) ..... ___ ___ ___
12. Date shipped to Repository ..... (dd/mmm/yyyy) ___ ___/___ ___ ___/___ ___ ___ ___
13. Username of person completing this form ..... ___ ___ ___ ___ ___ ___ ___ ___

Biorepository notified via Email ____ Fax ____

Notified by: _____

Date of Notification: _____/_____/_____

Time: _____ (24 hour clock)

Fed Ex Tracking #: _____

Section B: To be completed by the NIDDK Bio Repository at McKesson

Completed by _____ Date of Receipt _____

Do the ID's on this form correspond with the ID's on the vial labels? Yes ___ No___

If not, describe the error as well as any other discrepancies and notify a supervisor_____

_____.