

Logistical information required for inclusion in IVRN specimen collection

Date:			
Study title:			
Study Contact Name:			
Phone:		Email:	
Sample collection sites (i.e. blood collection site)			
Site 1 (Institution):		Site 1 Contact:	
Phone:		Email:	
<i>Estimated number of samples per year for site 1:</i>			
<i>Tier One Laboratory for site 1:</i>			
Mechanism for transporting sample from collection site to Tier One Laboratory: <i>(Include transport/courier details and how advance warning will be given to Tier One Lab)</i>			
Site 2 (Institution):		Site 2 Contact:	
Phone:		Email:	
<i>Estimated number of samples per year for site 2:</i>			
<i>Tier One Laboratory for site 2:</i>			
Mechanism for transporting sample from collection site to Tier One Laboratory: <i>(Include transport/courier details and how advance warning will be given to Tier One Lab)</i>			
Blood tubes being collected for processing by the Tier One Lab for IVRN (e.g.9ml LiHep, 5ml SST)			
SITE 1		SITE 2	
# of tubes	Type of blood tube	# of tubes	Type of blood tube