

SPECIMEN TRANSMITTAL FORM



NRG Oncology

Specimen Transmittal Form

Study#

Case #

PLACE LABEL HERE

Institution

Institution No.

Participant's Initials

Participant's I.D. No.

INSTRUCTIONS: This form must be completed and mailed with the specimens upon submission to UCSF. Please see protocol for list of required materials.

STATUS	SPECIMEN OBTAINED DATE	TIME POINTS (per section 10 of the protocol)	*SPECIMEN TYPE (see table below)	NUMBER OF SPECIMENS	STORAGE METHOD	PATHOLOGY ACCESSION # / PT ID#
	MM - DD - YYYY					
	MM - DD - YYYY					
	MM - DD - YYYY					
	MM - DD - YYYY					
	MM - DD - YYYY					
	MM - DD - YYYY					

STATUS

- | | |
|----------------------|--------------|
| 1 Pre-treatment | 6 Recurrence |
| 2 Surgical treatment | 7 Autopsy |
| 3 During treatment | 99 Unknown |
| 4 Post-treatment | |

ENCLOSURES:

- _____ Pathology Report(s)
- _____ Specimens
(eg., Blocks, Slides, Blood, Etc.)
- _____ This Submission Form

Check all that apply.

Patient consents to:

- ☐ 1 Current research as specified in the protocol
- ☐ 2 Cancer research
- ☐ 3 Medical research
- ☐ 4 Being contacted about future research

Shipping Tracking Number:

SEND TO:

FedEx/Courier address

(all courier packages & all frozen samples)

NRG Oncology Biospecimen Bank -
San Francisco
University of California San Francisco
2340 Sutter St., room S341
San Francisco, CA 94115
(contact: 415-476-7864)

US Postal Service mailing address

(all non-courier packages)

NRG Oncology Biospecimen Bank -
San Francisco
University of California San Francisco
Campus Box 1800
2340 Sutter St., room S341
San Francisco, CA 94143-1800

Telephone: 415-476-7864

Fax: 415-476-5271

E-mail: NRGBB@UCSF.edu

Website: NRGBB.UCSF.edu

***SPECIMEN TYPE**

- | | |
|----|---------------------------|
| 10 | H & E Stained Slides (P2) |
| 11 | Paraffin Blocks (JB) |
| 12 | Punch Bx (JH) |
| 13 | Unstained Slides (JN) |
| 14 | Fresh Tissue (JF) |
| 30 | Whole Blood (JW) |
| 31 | Serum (JS) |
| 32 | Plasma (JP) |
| 33 | Buffy Coat (JK) |
| 50 | Urine (JU) |
| 51 | Saliva (JL) |
| 52 | Buccal Scrapings (JR) |
| 60 | CSF (JC) |
| 99 | Other, specify (JT) |

SUBMITTED BY: _____

TELEPHONE NO: () _____ EMAIL: _____