## SPECIMEN TRANSMITTAL FORM

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<u> </u>	NRG Oncology Specimen Transmittal Form				Study# PLACE		Case # E LABEL HERE Institution No.		
INSTRUCTIONS: This form must be completed and					Participant's Initials			Participant's I.D. No.	
for list of re	OBTAINED (P			POIN (per se 10 of proto	ection the	*SPECIMEN TYPE (see table below)	NUMBEROF SPECIMENS	STORAGE METHOD	PATHOLOGY /PT ACCESSION#/ID#
	MM	DD	YYYY						
	MM	DD	YYYY						
	ММ	DD	YYYY	-					
-	MM	DD	YYYY						
	ММ	DD	YYYY	-	-				
1 Pre-ti 2 Surgi	MM S reatment ical treatm	ent	6 Recurrence 7 Autopsy						
3 During treatment 4 Post-treatment 99 Unknown 4 Post-treatment 99 Unknown 4 Post-treatment 99 Unknown 4 Post-treatment 99 Unknown 50 Unknown 5				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			10 H 11 F 12 F 13 L 13 L 30 V 31 S 32 F 33 E 50 L 51 S 60 C	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)	