

Sample shipping sheet



Identification of subject

(only if collection number was not entered into the data base):

_____ Pat-ID / Add-ID (SecuTrial)

Name (if not pseudonomized):

Identification of samples

by Collection number (#) paste label here:

 45678
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If label not available indicate collection number:

Sent to Ms. Schams / Ms. Wesselak Room KO.10 Forschungszentrum Kubus Dr. von Hauner Children's Clinic Lindwurmstr. 2a 80337 Munich Germany	From Name: Institute/Address: Phone number:
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Study number:	Study name:
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Visit number or visit date:	Collection # of the corresponding visit 1 of the patient
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Date – Sample(s) taken	Date – Sample(s) shipped	Shipping condition
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Number of tubes	Shipped samples from <u>index patient</u>	Number of tubes	Shipped samples from relatives Identify on TUBE !
	EDTA blood child		EDTA blood mother
	Tempus blood		EDTA blood father
	Biopsy in RNAlater solution		EDTA blood other relative, please specify who:
	Biopsy as wax block (for pathology)		
	Biopsy sildes (for pathology)		
	Biopsy in formalin (for pathology)		
	Biopsy in glutaraldehyde buffer/glutaraldehyde solution (for EMI)		
	Biopsy in DMEM etc for cell culture		
	Buccal swabs / saliva samples		
	Other, please specify		

	BAL supernatant		
	BAL cells		
	Serum		
	Citrate plasma		
	EDTA plasma		
	Biopsy, frozen in liquid nitrogen (No histology possible!)		
	Other, please specify		Other, please specify:

In case of enquiries please contact

Ms. Andrea Schams: +49 89 4400 53715, chILD-EU.register@med.uni-muenchen.de



Ship at ambient temperature!



Ship frozen on dry ice!