

Appendix D: Green Top-Sodium Heparin Redraw/Take Home Sample Form

TO BLOOD DRAWING PERSONNEL

This blood sample is for a study sponsored by the National Institute of Health (NIH). Samples are housed at Indiana University School of Medicine. It will need to be shipped to the address below. Please use the enclosed pre-addressed UPS Clinical Pak.

**ALLFTD at NCRAD
Indiana University School of Medicine
351 W. 10th St. TK-217
Indianapolis, IN 46202
Phone: 1-800-526-2839**

The kit provided contains collection tubes with which to obtain blood from the individual for research purposes. Each kit contains 2 green-topped tubes and all necessary shipping supplies.

**DO NOT REFRIGERATE; STORE AT ROOM TEMPERATURE.
DO NOT DRAW OR SHIP ON FRIDAY OR SATURDAY.
PLEASE SHIP SAME DAY AS BLOOD IS DRAWN.**

Instructions for drawing and shipping blood samples:

1. Place refrigerant pack in freezer 24 hours prior to shipment.
2. Fill **GREEN TUBES** completely, if possible.
3. Invert (do not shake) tube eight to ten times after drawing blood to thoroughly mix additive with sample.
4. **Enclose this form in shipment with samples.** Place green tubes in biohazard bag and seal, then place bag and gel pack in the Styrofoam container and close.
5. Ship samples by **UPS** immediately after drawing. Use the enclosed, pre-paid UPS mailer. There will be no cost to you or the patient for the shipping.

KIT NUMBER (RECORDED ON LABEL): _____

RAVE IDENTIFICATION NUMBER (RECORDED ON LABEL): _____

RAVE CYCLE NUMBER: _____

STUDY SITE ID (RECORDED ON LABEL): _____

DATE BLOOD WAS DRAWN: _____

DONOR YEAR OF BIRTH: _____

DONOR SEX: _____