

Processor ID: _____

Participant ID: _____

Date: ____/____/____

Processing Start Time: ____:____ Serum

Processing Start Time: ____:____ Urine

(Please check box below if PAXgene RNA draw tube is collected
& frozen)

Cryo #	Type	Color	Sample Vol	Check if Done	Comment*
1	Serum	R	1.0 mLs		
2	Serum	R	1.0 mLs		
3	Serum	R	1.0 mLs		
4	Urine	Y	1.5 mLs		
5	Urine	Y	1.5 mLs		
6	Urine	Y	1.5 mLs		
7	PAXgene RNA	R	2.5 mLs		(10 mL Draw Tube)

Y=yellow, R=red.

Comments:

LCBR Rec'd Date: _____

Frozen: Y N