

Georgia CTSA Clinical Research Core Laboratory

Sample Intake Form

Completed by GCRC Nursing:

IRB#: _____ PI Name: _____
 Protocol Name: _____
 Study Visit: _____
 ALT ID: _____
 Specialist/Med Tech Name: _____
 Coordinator Name: _____
 Phone#: _____

GCRC Site: EUH EUHM GRADY

Phlebotomist name: _____

Date sample collected: ____/____/____
 Time: ____:____ Fasting? ___Yes ___No

Study visit label here

Participant label here

of Tubes to collect on day-to-day orders: _____ # of Tubes collected: _____

Type of Tube <i>(Ex. Red Top)</i>	Tube Size <i>(ex. 10mL)</i>	Visit #	# of Tubes <i>(Ex.2)</i>	Time Point	Full Sample Collected	# Aliquots Completed	Sample Processed	Sample Stored
					___Yes ___No		___Yes ___No	___Yes ___No
					___Yes ___No		___Yes ___No	___Yes ___No
					___Yes ___No		___Yes ___No	___Yes ___No
					___Yes ___No		___Yes ___No	___Yes ___No
					___Yes ___No		___Yes ___No	___Yes ___No
					___Yes ___No		___Yes ___No	___Yes ___No
					___Yes ___No		___Yes ___No	___Yes ___No
					___Yes ___No		___Yes ___No	___Yes ___No
					___Yes ___No		___Yes ___No	___Yes ___No

Comments (Please write time and duration for processing samples below):

Completed by Lab

Any additional labels, place here: