BioSpecimen Banking Collection Form

**Sender Instructions**

Page 4512 upon sending to tube station 461 or Room P-524

Example Page: “Sending IRB ______ specimen(s) to 461 from MRN_____. – Return #”

CRA/Protocol Contact: [IRB]

Patient Name and/or Study ID:

MRN:

Collection Date (REQUIRED for compliance):

Collection Time (REQUIRED for compliance):

Specimen Quantity:

- Red/Serum/SST
- Lavender/EDTA/PPT
- Blue/Citrate
- Green/Heparin
- CPT/Tiger-Top/Blu-Blik
- Gold/Clot-Activator
- Royal-Blue/K2EDTA
- Urine
- Saliva
- Bone Marrow (Lavender)
- Cyst Fluid
- Tissue

Organ Type/Site: [ ] Immediate Pick-up [ ] Embargo/Storage