Appendix 5 MrOS Dental Specimen Shipping Grid Sample

Type of specimen

The following information must be included on the specimen shipping grid:

Visit (MrOS Dental) cryovial # (should correspond with form) ID#

Cap color Month and Year of Collection

Acrostic

MrOS Dental								
BI9001 ABCD 7/02 SERUM #1, CI	SERUM #2, Cl	SERUM #3, CI	SERUM #4, BI	SERUM #5, BI	SERUM #6, Br	SERUM #7, CI	SERUM #8, Cl	SERUM #9, CI
		MrOS Dental						
URINE #10, Y	URINE #11, Y	BI9002 ABCD 7/02 SERUM #1, CI	SERUM #2, Cl	SERUM #3, Cl	SERUM #4, BI	SERUM #5, BI	SERUM #6, Br	SERUM #7, CI
				MrOS Dental		MrOS Dental		
SERUM #8, CI	SERUM #9, Cl	URINE #10, Y	URINE #11, Y	BI9003 ABCD 7/02 URINE #10, Y	URINE #11, Y	BI9004 ABCD 7/02 SERUM #1, CI	SERUM #2, Cl	SERUM #3, CI
								MrOS Dental
SERUM #4, BI	SERUM #5, BI	SERUM #6, Br	SERUM #7, CI	SERUM #8, Cl	SERUM #9, CI	URINE #10, Y	URINE #11, Y	BI9005 ABCD 7/02 URINE #10, Y

 \dots and so on.

Note in this example, ficitional participant BI9003 only had urine drawn, all other participants had all samples collected.

With permanent marker or a label, include the following information on **each individual freezer box**:

MrOS **Dental** Study

Your Site's Name

The range of ID#s included in the box

E-mail Chris Kennell at brirepos1@aol.com before you make shipment. Include the following information:

The fed-ex tracking number

date of shipment expected arrival date number of styrofoam mailers shipped