



Specimen Collection & Processing

Office Use Only- MrOS ID#					Acrostic			Staff ID#		

1 Did participant consent to DNA/genetic testing?

Yes No → **Do NOT collect blood blotter**

2 BLOOD/SERUM:

Was any blood drawn? Yes No

Time of blood draw: : am pm
Hours Minutes

Was a blood blotter completed? Yes No

Vial #1:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #2:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #3:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #4:(Blue/0.5 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #5:(Blue/0.5 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #6:(Orange/1.0 mL w.b.) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #7:(Brown/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #8:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #9:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

Vial #10:(Clear/1.0 mL serum) Complete Hemolyzed Partial Hemolyzed/partial Not filled

3 URINE:

Was any urine collected? Yes No

Time of urine collection: : am pm
Hours Minutes

Vial #11:(Yellow/1.0mL urine) Complete Partial Not filled

Vial #12:(Yellow/1.0mL urine) Complete Partial Not filled

4 Date of Lab Processing:

/ /
Month Day Year

5 Ending time of laboratory processing:

: am pm
Hours Minutes

6 Enter ID from bar code label:

Affix bar code label:

