



## INCOMING SAMPLE FORM – Ji Lab, Division of Oncology

Complete a new sample box for each different sample unless multiple tubes contain the exact same contents. If more room is needed, attach a second sheet. Shipper's information is only required once.

Shipper/Supplier's Information				
Last Name		First Name		MI
Hospital / Institution / Lab Name				
Address				Room #
City		State	Postal Code	Country
Phone		E-Mail address		

Sample 1			
Patient I.D. # / Description			Patient Sex <input type="checkbox"/> M <input type="checkbox"/> F
Patient Race/Ethnicity		Experiment / Collaboration Name	
*Sample Name or ID (s)			Date of Collection
Sample Site <input type="checkbox"/> L <input type="checkbox"/> R	Sample Type / # (e.g. 5 Red Blood)		Sample Preservation
OR Designation	Amount	Sample Concentration	
Additional Information			

Sample 2			
Patient I.D. # / Description			Patient Sex <input type="checkbox"/> M <input type="checkbox"/> F
Patient Race/Ethnicity		Experiment / Collaboration Name	
*Sample Name or ID (s)			Date of Collection
Sample Site <input type="checkbox"/> L <input type="checkbox"/> R	Sample Type / # (e.g. 5 Red Blood)		Sample Preservation
OR Designation	Amount	Sample Concentration	
Additional Information			

Sample 3			
Patient I.D. # / Description			Patient Sex <input type="checkbox"/> M <input type="checkbox"/> F
Patient Race/Ethnicity		Experiment / Collaboration Name	
*Sample Name or ID (s)			Date of Collection
Sample Site <input type="checkbox"/> L <input type="checkbox"/> R	Sample Type / # (e.g. 5 Red Blood)		Sample Preservation
OR Designation	Amount	Sample Concentration	
Additional Information			