

SAMPLE COLLECTION FORM

Patient Sticker:

OR

MRN: _____
If No MRN please provide other identifier

Date of Collection: (mm/dd/yyyy) ____/____/____

Surgeon:

- Dr. Berry
- Dr. Poultsides
- Other: (please specify) _____

Cancer Type: _____

Protocol:

- Genetic and Pathological Studies of Colorectal Tumors and Blood Samples 11886
- Clinical & Pathological Studies of Upper GI Carcinoma 13473
- Tissue Bank Consented Study
- Other: (please specify) _____

Study: (if applicable)

- Aduro
- Other: (please specify) _____

Sex:

- Female
- Male

Race:

- African-American/Black
- Asian
- Caucasian/White
- Native American/Alaska Native
- Pacific Islander/Native Hawaiian

Ethnicity:

- Hispanic/Latino
- Non-Hispanic /Non-Latino

Barcode	Sample Type	OR Designation	Blood Tube	Sample Site (if tissue)	Use
	<input type="checkbox"/> Blood <input type="checkbox"/> Tissue	<input type="checkbox"/> Tumor <input type="checkbox"/> Normal	<input type="checkbox"/> EDTA <input type="checkbox"/> Streck <input type="checkbox"/> SST <input type="checkbox"/> Heparin		<input type="checkbox"/> Stored <input type="checkbox"/> Plasma <input type="checkbox"/> PBMC
	<input type="checkbox"/> Blood <input type="checkbox"/> Tissue	<input type="checkbox"/> Tumor <input type="checkbox"/> Normal	<input type="checkbox"/> EDTA <input type="checkbox"/> Streck <input type="checkbox"/> SST <input type="checkbox"/> Heparin		<input type="checkbox"/> Stored <input type="checkbox"/> Plasma <input type="checkbox"/> PBMC
	<input type="checkbox"/> Blood <input type="checkbox"/> Tissue	<input type="checkbox"/> Tumor <input type="checkbox"/> Normal	<input type="checkbox"/> EDTA <input type="checkbox"/> Streck <input type="checkbox"/> SST <input type="checkbox"/> Heparin		<input type="checkbox"/> Stored <input type="checkbox"/> Plasma <input type="checkbox"/> PBMC
	<input type="checkbox"/> Blood <input type="checkbox"/> Tissue	<input type="checkbox"/> Tumor <input type="checkbox"/> Normal	<input type="checkbox"/> EDTA <input type="checkbox"/> Streck <input type="checkbox"/> SST <input type="checkbox"/> Heparin		<input type="checkbox"/> Stored <input type="checkbox"/> Plasma <input type="checkbox"/> PBMC
	<input type="checkbox"/> Blood <input type="checkbox"/> Tissue	<input type="checkbox"/> Tumor <input type="checkbox"/> Normal	<input type="checkbox"/> EDTA <input type="checkbox"/> Streck <input type="checkbox"/> SST <input type="checkbox"/> Heparin		<input type="checkbox"/> Stored <input type="checkbox"/> Plasma <input type="checkbox"/> PBMC