

Please ensure that a form is submitted with each set of samples submitted to RTSS for processing or shipment.

Protocol# :		
Delivery Date :		
Collection Date and Time :		
Patient Information		
<i>(place patient ID sticker here or complete information)</i>		
Name : _____		COG ID / Study ID of Patient:
MRN : _____		Cycle : _____ Day : _____
Other : _____		
Samples Delivered to RTSS		
	Blood	Bone Marrow
<i>Purple top (EDTA)</i>	# tubes :	# tubes :
<i>Greentop (Na Heparin)</i>	# tubes :	# tubes :
<i>Red top (serum)</i>	# tubes :	# tubes :
<i>Blue top (Na citrate)</i>	# tubes :	# tubes :
<i>Yellow top (ACD)</i>	# tubes :	# tubes :
<i>Other, specify :</i>	# tubes :	# tubes :
Tissues and Biofluids		
<i>Solid tissue, # tubes :</i>		Anatomic location :
<i>Normal tissue, # tubes :</i>		
<i>CSF, # tubes :</i>		
<i>Saliva, # tubes :</i>		
<i>Urine, # tubes :</i>		
Other Specimens		
<i>Other, specify :</i>		# tubes :
<i>Other, specify :</i>		# tubes :
<i>Other, specify :</i>		# tubes :
Additional Instructions		
Ship To:		