

# Sample shipping sheet



Paste Sample Set ID Label from front here

 45678
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If label not available indicate sample set ID below

<b>Sent to</b>  Ms. Schams / Ms. Wesselak Room KO.10  Forschungszentrum Kubus Dr. von Hauner Children's Clinic Lindwurmstr. 2a 80337 Munich Germany	<b>From</b>  Name:  Institute/Address:    Phone number:
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<b>Study name/number</b>	

<b>Visit number</b>	<b>Sample set ID of the corresponding visit 1 of the patient</b>

<b>Date – Sample(s) taken</b>	<b>Date – Sample(s) shipped</b>	<b>Shipping condition</b>

Number of tubes	Shipped samples from index patient	Number of tubes	Shipped samples from relatives of index patient
	<input type="checkbox"/> EDTA blood child <input type="checkbox"/> Tempus blood <input type="checkbox"/> Biopsy in RNAlater solution <input type="checkbox"/> Biopsy in glutaraldehyde buffer/glutaraldehyde solution		<input type="checkbox"/> EDTA blood mother <input type="checkbox"/> EDTA blood father <input type="checkbox"/> EDTA blood other relative, please specify: _____
	<input type="checkbox"/> BAL supernatant <input type="checkbox"/> BAL cells <input type="checkbox"/> Serum <input type="checkbox"/> Citrate plasma <input type="checkbox"/> Biopsy, frozen in liquid nitrogen <input type="checkbox"/> Citrate plasma <input type="checkbox"/> Biopsy, frozen in liquid nitrogen		
	<input type="checkbox"/> other, please specify:		<input type="checkbox"/> other, please specify:

**In case of enquiries please contact**  
**Ms. Andrea Schams: +49 89 5160 3715, [Andrea.Schams@med.uni-muenchen.de](mailto:Andrea.Schams@med.uni-muenchen.de)**