

SAMPLE DETAILS	
Encounter (please tick)	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other: _____
Type of Participant (please tick)	Patient <input type="checkbox"/> Disease Control <input type="checkbox"/> Healthy Control <input type="checkbox"/>
Date (dd/mmm/yyyy)	__/__/____

RKD I.D.	
Collected by:	
Processed by:	



URINE DETAILS	
Time of Voiding:	
Is Urine from a Catheter Bag? YES NO (please circle)	
Transport Temperature:	ICE / 4 / RT
URINE M	
Time of Processing	
Time of Freezing	
Total Volume (ml):	
No. of 5ml Tubes Frozen:	
Volume of Each 5ml tube:	
Number of 2ml Cryovials Frozen:	
Volume in Each Cryovial:	

BLOOD DETAILS			
Time of Serum Tube Collection:		Time of EDTA Plasma Tube Collection:	
SERUM	Transport Temp: ICE / 4 / RT	Transport Temp:	ICE / 4 / RT
Time of Spinning:		Time of Spinning:	
Time of Freezing:		Time of Freezing:	
Number of 2ml Cryovials Frozen:		Number of 2ml Cryovials Frozen:	
Volume Stored in Each Cryovial:		Volume Stored in Each Cryovial:	
Centrifuge Setting for Blood Spins (please circle) 1500G 2000G		Plasma Double Spun (please circle)? Yes No	
DNA		EDTA TUBE PBMC-PREP	
Time of EDTA Tube Collection:		Time of EDTA Tube Collection:	
Time of Freezing:		Date of Processing:	
Date of Processing:		Time of Processing:	
Processed By:		Tube Type (EDTA/LiHep/ACD):	
DNA Concentration After Extraction:		Processed By:	
Normalised To:		Cell Number:	
Number of Normalised Vials Frozen:		Number of Cryovials Frozen:	
Volume in Normalised Vials Frozen:		Cell No. Per Cryovial:	

Sample notes

To be filled in by Research Nurse

To be filled in by whomever is processing the sample