

CTC sample shipping form

ICONIC Trial Coordinator contact details:
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Section 1: Patient Details *(To be completed by Site at time of sample collection)*

Patient Trial No.: **ICO-** Patient Initials: Hospital Site: _____

Sample collection timepoint: ☐ Pretreatment (PreT) ☐ Pre C2D21 MAP Pts ☐ Pre C3 AP Pts ☐ Relapse or metastases

	Section 2: Sample Collection <i>To be completed by Site at time of sample collection</i>	Section 3: Sample Shipping <i>To be completed by Site at time of posting</i>	Section 4: Sample Receipt <i>To be completed by lab on receipt of samples</i>
Date:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Time 24hr clock:	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

Samples *(Instructions for sites: in Section 3 indicate which lab this sample is being shipped to)*

	Shipped to: Newcastle <input type="checkbox"/> Sheffield <input type="checkbox"/>
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Handling

	Was the sample collected in accordance with the ICONIC lab manual? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If NO, describe deviation(s):</i>	Comments (Optional: e.g. if sample collected but not shipped, please explain):	Comments (Optional):

Details of person completing each section of this form:

Name:		
Signature:		
Date:		
IMPORTANT INFO	<ul style="list-style-type: none"> • FAX or EMAIL a copy of this form to the ICONIC Trial Coordinator before posting • File one copy in the Investigator Site File • Include the original copy of this form in the Safebox with the sample before posting 	<ul style="list-style-type: none"> • FAX or EMAIL one copy to the ICONIC Trial Coordinator on the day of receipt