

## Germline DNA sample shipping form

ICONIC Trial Coordinator contact details:  
T: 020 7679 9878 | F: 020 7679 9871 | E: ctc.iconic@ucl.ac.uk

### Section 1: Patient Details *(To be completed by Site at time of sample collection)*

Patient Trial No.: ICO-    Patient Initials:    Hospital Site: \_\_\_\_\_

	<b>Section 2: Sample Collection</b> <i>To be completed by Site at time of sample collection</i>	<b>Section 3: Sample Shipping</b> <i>To be completed by Site at time of posting</i>	<b>Section 4: Sample Receipt</b> <i>To be completed by lab on receipt of samples</i>
<b>Date:</b>	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Time 24hr clock:</b>	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
<b>Handling</b>			
	Was the sample collected in accordance with the ICONIC lab manual? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, describe deviation(s):	Comments (Optional: e.g. if sample collected but not shipped, please explain):	Comments (Optional):
<b>Details of person completing each section of this form:</b>			
<b>Name:</b>			
<b>Signature:</b>			
<b>Date:</b>			
<b>IMPORTANT INFO</b>	<ul style="list-style-type: none"> <li>• FAX or EMAIL a copy of this form to the ICONIC Trial Coordinator before posting</li> <li>• File one copy in the Investigator Site File</li> <li>• Include the original copy of this form in the Safebox with the sample before posting</li> </ul>		<ul style="list-style-type: none"> <li>• FAX or EMAIL one copy to the ICONIC Trial Coordinator on the day of receipt</li> </ul>