

# ctDNA 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  
☐ End of Treatment (EoT) ☐ Follow up month \_\_\_\_\_ ☐ 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>	
<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>Samples</b>					
ctDNA 1 <input type="checkbox"/> Yes <input type="checkbox"/> No				Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ctDNA 2 <input type="checkbox"/> Yes <input type="checkbox"/> No				Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Handling</b>					
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):	
<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>	