Local Health Care Provider Blood Shipping Log

LLFS Central Laboratory Contact Information

Phone: 612-625-5040 FAX: 612-625-3436

The originating field center will fax this completed form to the LLFS Central Laboratory when a collection kit is shipped to a local healthcare provider. The Central Laboratory will send a copy of this form and a copy of the Venipuncture Form by fax to the field center with the receipt information of the blood shipment.

Date	e form initiated:
	d center name:
Pho	ne number:
FΑΣ	X number:
Date	e blood collection kit sent to collection site:
Exp	ected date of blood shipment to LLFS Central Laboratory:
Nan	ne and location of blood collecting site:
Con	atact person's name at blood collection site:
Con	atact person's phone number at blood collection site:
LLF	FS label ID# assigned:
Fed	Ex airbill number:
Cen	tral Lab Use Only:
Date	e of receipt of blood:
Sam	nples received in shipment, please circle: 1 CPT (Blue/black) 1 SST (Red/gray) 1 EDTA(Lavender)
[]	1 EDTA (Lavender) 1 PAXgene (Red) 1 SST (Red/gray) 1 SST (Red/gray) This Shipping Log and Venipuncture Form was faxed:
	Toon(date/time)
[] At_	Unable to contact by fax; notice of receipt phoned:(date/time)
Tecl	h:

Appendix 4. LLFS Quality Control Phantom Participant ID Form

QC/Phantom ID:

Date collected:					
Note: Place the QC ID for the sample set to be collected at the top of the page; record the date of collection. Upon collection of each phantom duplicate tube, place the original Participant ID for the QC sample that is being drawn on the appropriate line next to the sample type. Enter these ID numbers in the data system on the same schedule as entry of the blood collection information. QC samples are shipped on the same schedule as the regular shipments (i.e. the same day the sample is collected), but the QC samples will be shipped in collection kit packaging separate from the participant's regular collection samples. This form is kept by the Field Center (DO NOT send to Central Laboratory).					
Tube #/sample type	Participant ID				
2 (serum)					
3 (EDTA plasma)					
5 (PAXgene)					

Chapter 7 – Appendix 5



A Collaborative Study, Including:

Boston University Medical Center Columbia University University of Pittsburgh University of Southern Denmark Washington University School of Medicine

Sponsored by:

National Institute on Aging

Instructions for Long Life Family Study Visit (Sample Form – Remote Phlebotomy Service Instructions)

Date:		
Phlebotomy Service Address Attn: Insert Name Address City, State Zip		
Re: (Insert Participant Name)'s Blood Draw for the Long Life Family Study		
Dear:		
Thank you for your assistance in completing the venipuncture portion of the Long Life Family Study (LLFS)is planning on coming to your facility on Insert Date. Enclosed are the following materials that you will need to complete the blood draw:		
All tubes and shipping materials, including an extra set of collection tubes if needed Detailed instructions for collecting the LLFS specimen Detailed instructions for shipping the LLFS specimen, including Saturday delivery stickers if applicable A signed copy of the consent form The Blood Collection Form		

Insert billing information. If you have any questions regarding this, I may be reached at [insert E-Mail address and telephone number]. Thank you again for your assistance.

Sincerely,