DISPATCH AND RECEIPT FORM

To be completed by centre on return of samples.

Name of Hospital ....

Number of 50 ml tubes dispatched ☐☐   Proteomic Response

Date Samples returned ☐☐/☐☐☐☐/☐☐☐☐ **& Time** ☐☐hr ☐☐min
(*dd/mmm/yyyy*)   (*24 hour clock*)

Unique Identifier of samples returned	Unique Identifier of samples returned	Unique Identifier of samples returned
BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐
BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐
BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐
BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐
BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐
BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐
BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐	BTOG-2☐☐☐☐ ☐

Fax form to the BTOG-2 Study Office 0121 414 2230

and place original in Proteomic Site Folder & send a copy with the Samples Dispatched

On receipt, complete and fax to BTOG-2 Study office on 0121 414 2230

Date Samples received (*dd/mmm/yyyy*) ☐☐/☐☐☐☐/☐☐☐☐

Time Samples received (24 hour clock) (*dd/mmm/yyyy*) ☐☐hr☐☐min

Condition of samples on receipt   ☐ frozen   ☐ partially thawed   ☐ unfrozen (≤ 4°C)   ☐ warm (> 4°C)
(*tick appropriate box*)

Name of person who received samples ....

Signature ....   Date (*dd/mmm/yyyy*) ☐☐/☐☐☐☐/☐☐☐☐

Your name and signature must appear on the site responsibilities signature log   Version 1.1 26/02/07