Troublesome Ticks study
Biospecimen Transfer Form

MU Murdoch University

PLEASE COMPLETE THIS FORM BEFORE SENDING OR UPON RECEIVAL OF BIOSPECIMENS

PARTICIPANT ID	
VISIT (if known)	I__I T0 I__I T1 I__I T2 I__I T3
Date of sample collection	_____/_____/_____
ORIGIN	I__I MU I__I ARRL I__I NSWHP I__I UQ I__I TKI I__I CSIRO
DESTINATION	I__I MU I__I ARRL I__I NSWHP I__I UQ I__I TKI I__I CSIRO
SPECIMENS BEING DISPATCHED (Specify number/volume of each biospecimen)	I____I Tick I____I Biopsy I____I PAXgene I____I Heparin I____I EDTA I____I SST Plasma aliquots: Number I__I Volume each I___I Serum aliquots: Number I__I Volume each I___I Number I__I Volume each I___I
ATTACHED COPY OF COMPLETED "BIOSPECIMEN PROCESSING FORM"?	I__I YES I__I NO I__I NA

RESEARCH STAFF NAME AND SIGNATURE	Sample dispatch	Date: / /
	Sample receival	Date: / /
COMMENTS	

Sender: Please send a signed copy of this form to destination lab along with complete "Biospecimen processing form" and samples. Please also archive a copy in your laboratory.

Recipient: Please sign this form and archive a copy in your laboratory.

MU and ARRL Researchers ONLY: Record SAMPLE TRANSFER details on REDCap