

SPECIMEN TRANSMITTAL FORM - LEUKEMIA/OTHER BLOOD DISORDERS

This Specimen Transmittal Form must accompany every shipment of specimen(s).

After completing and submitting this form in Rave, print out a copy, hand write the patient's name on the form and include it with the specimen being shipped.

The patient's name and COG Patient ID must be included on BOTH the transmittal form AND the specimens if the specimen will be used for testing that impacts treatment assignment.

****PLEASE HAND WRITE THE PATIENT'S FIRST AND LAST NAME BELOW****

FIRST NAME: _____

LAST NAME:: _____

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|--|--|---|---|
| BPC number:* | 0000-00- P0000 | 1. Query if blank 2. Email Role 4 (MG Lab) if Stratum 1 or 2 and answered 3. Query if not the same as Patient Identifier form | 64342 SPEC_ID_NUM [Added Edit Check #3, V1.2] |
| Patient's date of birth:* | DD/MMM/YYYY | 1. Query if blank 2. Query if future date 3. Query if non-conformant 4. Query if not the same as Demography form | 793 PER_BIR_DT [Added Edit Check #4, V1.2] |
| Diagnosis date:* | DD/MMM/YYYY | 1. Query if blank 2. Query if future date 3. Query if non-conformant 4. Query if not the same as COG Registry-Initial Diagnosis form | 691 NEW_CA_DX_DT [Added Edit Check #4, V1.2] |
| Primary diagnosis disease group:* <i>Select preliminary disease group for specimens submitted at initial diagnosis.</i> | <input type="checkbox"/> - Lymphoblastic Leukemia <input type="checkbox"/> - Lymphoproliferative Disease <input type="checkbox"/> - Myeloid Leukemia <input type="checkbox"/> - Myeloproliferative Disease <input type="checkbox"/> - Other blood disorder | 1. Query if blank | 4900695 PRIMDXSCAT |
| If Other blood disorder, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 5408211 BD_DSO_TYP_SPF |
| <i>To enter ICD-O Code, start typing either the code or the disease name in the dropdown field, then select the appropriate result in the dropdown. **The default dropdown lists only the first 10 diseases and codes.**</i> | | | |
| Diagnosis ICD-O code:* <i>Initial diagnosis</i> | [Drop down list] | 1. Query if blank | 2006871 PRM_CA_DX_ICD_O_CD |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|--|---|--|---|
| Primary site:* | [Drop down list] | 1. Query if blank | 71 DZ_PRM_SITE_ICD_O_CD |
| Peripheral WBC count:* <i>Please enter the lab value (WBC) from the CBC that was obtained closest to the time that the peripheral blood research sample was collected.</i> | _____ x 1000/Microliter (XXXX.X) | 1. Query if blank 2. ALERT if less than 1 3. Allow 4 digits and up to 1 decimal | 58312 LAB_WBC_RSLT_SP_VAL [Added Help Text, V1.2] |
| Peripheral blast percentage:* <i>Please enter the lab value (blast percentage) from the CBC that was obtained closest to the time that the peripheral blood research sample was collected.</i> | _____ (XXX) | 1. Query if blank 2. ALERT if outside of range 0-100 3. Allow 3 digits | 58282 LAB_BC_OC_PTG_VAL [Added Help Text, V1.2] |
| TIMEPOINT | | | |
| Specimen time point:* | <input type="checkbox"/> - Diagnosis <input type="checkbox"/> - Relapse <input type="checkbox"/> - Progression <input type="checkbox"/> - End of Induction <input type="checkbox"/> - Autopsy <input type="checkbox"/> - Other | 1. Query if blank | 2189050 SPEC_PD_COLL_TM |
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 64333 SPEC_COLL_PD_SPEC |
| Was this specimen collected via bone marrow biopsy or aspirate?* | <input type="checkbox"/> - Yes <input type="checkbox"/> - No | 1. Query if blank | 5485158 SPC_COLL_METH_YS_NO_IND |
| RAPID CENTRAL REVIEW OR CENTRAL TESTING | | | |
| Does this shipment include specimens for rapid central pathology review? | <input type="checkbox"/> - Yes <input type="checkbox"/> - No | 1. Query if blank | 2007007 P_SPEC_C_RVW_SUB_IN2_X1 |
| <i>If yes,</i> Specify COG protocol number: <i>Please list the protocol number associated with these rapid central pathology review specimens.</i> | [Text field] | 1. Query if blank and Yes selected 2. Query if not blank and Yes not selected | 2002461 PROT_COG_ID_NUM_X1 |
| Does this shipment include specimens for centralized testing? | <input type="checkbox"/> - Yes <input type="checkbox"/> - No | 1. Query if blank | 2007007 P_SPEC_C_RVW_SUB_IN2_X2 |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|---|---|--|---|
| <p>If yes, Specify COG protocol number:</p> <p><i>Please list the possible treatment protocols these specimens are being tested for.</i></p> <p><i>Or</i></p> <p><i>Please list the possible treatment protocols the patient may enroll on in which these samples are required for centralized testing so specimens get routed appropriately.</i></p> | <p>[Text field]</p> | <p>1. Query if blank and Yes selected 2. Query if not blank and Yes not selected</p> | <p>2002461 PROT_COG_ID_NUM_X2</p> <p>[Updated Help Text, V1.2]</p> |
| SPECIMEN INFORMATION | | | |
| <p>Specimen type:*</p> | <ul style="list-style-type: none"> <input type="checkbox"/> - Blood <input type="checkbox"/> - Bone marrow <input type="checkbox"/> - Paraffin blocks <input type="checkbox"/> - Snap frozen tumor tissue <input type="checkbox"/> - Stained slides (tissue) <input type="checkbox"/> - Stained slides (blood) <input type="checkbox"/> - Stained slides (bone marrow aspirate) <input type="checkbox"/> - Stained slides (bone marrow biopsy) <input type="checkbox"/> - Stained slides (bone marrow clot) <input type="checkbox"/> - Stained slides (other) <input type="checkbox"/> - Unstained slides (tissue) <input type="checkbox"/> - Unstained slides (blood) <input type="checkbox"/> - Unstained slides (bone marrow aspirate) <input type="checkbox"/> - Unstained slides (bone marrow biopsy) <input type="checkbox"/> - Unstained slides (bone marrow clot) <input type="checkbox"/> - Unstained slides (other) <input type="checkbox"/> - Cytology slides (unstained) <input type="checkbox"/> - Cytology slides (stained) <input type="checkbox"/> - OCT embedded tumor or tissue <input type="checkbox"/> - Plasma <input type="checkbox"/> - Patient buccal swab <input type="checkbox"/> - Serum <input type="checkbox"/> - Other | <p>1. Query if blank</p> | <p>4903787 SLDTMRSPCSBMTP</p> |
| <p>If Other, specify:</p> | <p>[Text field]</p> | <p>1. Query if blank and Stained Slides (other), Unstained Slides (other) or Other is selected 2. Query if not blank and Stained Slides (other), Unstained Slides (other) or Other are not selected</p> | <p>2856608 SPEC_OTH_SUBM_SPEC</p> |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|---|--|---|---|
| Institutional surgical pathology number: | [Text field] | | 2188968 ORG_SUR_PATH_ID_NUM |
| Institutional bone marrow aspirate blast percentage: | _____ (XXX) | 1. Query if blank and Specimen type is 'Bone marrow' 2. ALERT if outside of range 0-100 3. Allow 3 digits | 2861157 BMBSTPCT |
| Specimen collection date:* | DD/MMM/YYYY | 1. Query if blank 2. Query if future date 3. Query if non-conformant | 2004004 SMPL_COLL_DT |
| Number of specimens submitted:* | _____ (XX) | 1. Query if blank | 2003954 SPEC_SUBM_CT |
| TREATMENT | | | |
| Did patient receive ANY treatment prior to date specimen was collected?* | <input type="checkbox"/> - Yes <input type="checkbox"/> - No <input type="checkbox"/> - Not applicable | 1. Query if blank | 4231463 TXPRISPCCLCADMIND |
| Prior therapy type(s): <i>Check all that apply.</i> | <input type="checkbox"/> - Chemotherapy, NOS <input type="checkbox"/> - Radiation Therapy <input type="checkbox"/> - Therapy NOS | 1. Query if all unchecked and Yes above 2. Query if any checked and No or N/A above | 2008450 PRIOR_TX_ADMIN_TP_A1 PRIOR_TX_ADMIN_TP_A2 PRIOR_TX_ADMIN_TP_A3 |
| BLOOD | | | |
| Collection tube: <i>Check all that apply.</i> | <input type="checkbox"/> - Shipping media <input type="checkbox"/> - EDTA <input type="checkbox"/> - Red top <input type="checkbox"/> - Unknown <input type="checkbox"/> - Other | | 4908714 BLDSPCCTCTUBETP_A1 BLDSPCCTCTUBETP_A2 BLDSPCCTCTUBETP_A3 BLDSPCCTCTUBETP_A4 BLDSPCCTCTUBETP_A5 |
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 2183325 OTHER_SPEC_TXT_X1 |
| BONE MARROW | | | |
| Collection tube: <i>Check all that apply.</i> | <input type="checkbox"/> - Shipping media <input type="checkbox"/> - EDTA <input type="checkbox"/> - Unknown <input type="checkbox"/> - Other | | 4903805 BMSPCCTCTUBETP_A1 BMSPCCTCTUBETP_A2 BMSPCCTCTUBETP_A3 BMSPCCTCTUBETP_A4 |
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 2183325 OTHER_SPEC_TXT_X2 |
| SHIPPING INFORMATION | | | |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|--------------------------------------|---|--|---------------------------------|
| Courier name:* | <input type="checkbox"/> - DHL <input type="checkbox"/> - FedEx <input type="checkbox"/> - UPS <input type="checkbox"/> - USPS <input type="checkbox"/> - Other | 1. Query if blank | 3029837 COURIERCONM |
| If Other, specify: | [Text Field] | 1. Query if other selected above, and this is blank 2. Query if not Other and this is not blank | 2006896 COURIERCONM_OTH |
| Courier tracking number:* | [Text Field] | 1. Query if blank | 2006898 COURIERTKNO |
| Date shipped:* | DD/MMM/YYYY | 1. Query if blank 2. Query if future date 3. Query if non-conformant | 834 SPEC_LAB_SUBM_DT |
| CONTACT INFORMATION | | | |
| Treating institution:* | [Text Field] | 1. Query if blank | 2680558 SPEC_SUBM_INST_NM |
| Contact person name:* | [Text Field] | 1. Query if blank | 2597588 SPEC_SUB_CONP_ID_NM |
| Contact person phone number:* | [Text Field] | 1. Query if blank | 2597589 SPEC_SUB_CON_TEL_NUM |
| COMMENTS | | | |
| Comments: | | | 797 RSCH_COMMENTS_TXT |

| SPECIMEN TRANSMITTAL FORM - SOLID TUMORS | | | |
|--|---|---|---|
| <p><i>This Specimen Transmittal Form must accompany every shipment of specimen(s).</i></p> <p><i>After completing and submitting this form in Rave, print out a copy, hand write the patient's name on the form and include it with the specimen being shipped.</i></p> <p><i>The patient's name and COG Patient ID must be included on BOTH the transmittal form AND the specimens if the specimen will be used for testing that impacts treatment assignment.</i></p> <p>**PLEASE HAND WRITE THE PATIENT'S FIRST AND LAST NAME BELOW**</p> <p>FIRST NAME: _____</p> <p>LAST NAME: _____</p> | | | |
| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
| BPC number:* | □□□□-□□-□□□□ | 1. Query if blank 2. Query if not the same as Patient Identifier form | 64342 SPEC_ID_NUM [Added Edit Check #2, V1.1] |
| Patient's date of birth:* | DD/MMM/YYYY | 1. Query if blank 2. Query if future date 3. Query if non-conformant 4. Query if not the same as Demography form | 793 PER_BIR_DT [Added Edit Check #4, V1.1] |
| Diagnosis date:* | DD/MMM/YYYY | 1. Query if blank 2. Query if future date 3. Query if non-conformant 4. Query if not the same as COG Registry-Initial Diagnosis form | 691 NEW_CA_DX_DT [Added Edit Check #4, V1.1] |
| Primary diagnosis disease group:* <i>Select preliminary disease group for specimens submitted at initial diagnosis.</i> | <input type="checkbox"/> - Central Nervous System <input type="checkbox"/> - Ewing Sarcoma <input type="checkbox"/> - Germ Cell Tumor <input type="checkbox"/> - Hodgkin Lymphoma <input type="checkbox"/> - Langerhans Cell Histiocytosis <input type="checkbox"/> - Liver Tumor <input type="checkbox"/> - Mesoblastic Nephroma <input type="checkbox"/> - Neuroblastoma <input type="checkbox"/> - Non-Hodgkin Lymphoma <input type="checkbox"/> - Osteosarcoma <input type="checkbox"/> - Rare Tumors <input type="checkbox"/> - Renal <input type="checkbox"/> - Soft Tissue Sarcoma | 1. Query if blank | 4900695 PRIMDXSCAT |
| <p><i>To enter ICD-O Code, start typing either the code or the disease name in the dropdown field, then select the appropriate result in the dropdown. **The default dropdown lists only the first 10 diseases and codes.**</i></p> | | | |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|--|---|--|--|
| Diagnosis ICD-O code:* <i>Initial diagnosis</i> | [Dropdown list] | 1. Query if blank | 2006871 PRM_CA_DX_ICD-O_CD |
| Primary site:* | [Dropdown list] | 1. Query if blank | 71 DZ_PRM_SITE_ICD_O_CD |
| Metastatic site ICD-O code: <i>Metastatic site</i> | [Dropdown list] | | 2005946 MET_LCTN_ICD_O_CD |
| TIMEPOINT | | | |
| Specimen time point:* | <input type="checkbox"/> - Diagnosis <input type="checkbox"/> - Relapse <input type="checkbox"/> - Progression following observation only <input type="checkbox"/> - Progression during or following treatment <input type="checkbox"/> - Definitive surgery <input type="checkbox"/> - Delayed resection <input type="checkbox"/> - End of Treatment <input type="checkbox"/> - Autopsy <input type="checkbox"/> - Other | 1. Query if blank | 2189050 SPEC_PD_COLL_TM |
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 64333 SPEC_COLL_PD_SPEC |
| Was this specimen collected via surgical resection, biopsy, or aspirate?* | | | |
| | <input type="checkbox"/> - Yes <input type="checkbox"/> - No | 1. Query if blank | 5485158 SPC_COLL_METH_YS_NO_IND |
| RAPID CENTRAL REVIEW OR CENTRAL TESTING | | | |
| Does this shipment include specimens for rapid central pathology review?* | <input type="checkbox"/> - Yes <input type="checkbox"/> - No | 1. Query if blank | 2007007 P_SPEC_C_RVW_SUB_IN2_X1 |
| <i>If yes,</i> Specify COG protocol number: <i>Please list the possible treatment protocols these specimens are being tested for.</i> | [Text field] | 1. Query if blank and Yes selected 2. Query if not blank and Yes not selected | 2002461 PROT_COG_ID_NUM_X1 [Help Text Updated, V1.1] |
| Does this shipment include specimens for-centralized testing?* | <input type="checkbox"/> - Yes <input type="checkbox"/> - No | 1. Query if blank | 2007007 P_SPEC_C_RVW_SUB_IN2_X2 |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|--|---|---|-------------------------------|
| <p>If yes, Specify COG protocol number:</p> <p>Please list the protocol number associated with these specimens for centralized testing.</p> | [Text field] | 1. Query if blank and Yes selected 2. Query if not blank and Yes not selected | 2002461 PROT_COG_ID_NUM_X2 |
| SPECIMEN TYPE | | | |
| <p>Specimen type:*</p> | <input type="checkbox"/> - Blood <input type="checkbox"/> - Bone marrow <input type="checkbox"/> - Cytology slides (unstained) <input type="checkbox"/> - Cytology slides (stained) <input type="checkbox"/> - Fresh tissue <input type="checkbox"/> - Paraffin blocks <input type="checkbox"/> - FFPE scrolls <input type="checkbox"/> - Stained slides (tissue) <input type="checkbox"/> - Stained slides (blood) <input type="checkbox"/> - Stained slides (bone marrow aspirate) <input type="checkbox"/> - Stained slides (bone marrow biopsy) <input type="checkbox"/> - Stained slides (bone marrow clot) <input type="checkbox"/> - Stained slides (other) <input type="checkbox"/> - Unstained slides (tissue) <input type="checkbox"/> - Unstained slides (blood) <input type="checkbox"/> - Unstained slides (bone marrow aspirate) <input type="checkbox"/> - Unstained slides (bone marrow biopsy) <input type="checkbox"/> - Unstained slides (bone marrow clot) <input type="checkbox"/> - Unstained slides (other) <input type="checkbox"/> - OCT embedded tumor or tissue <input type="checkbox"/> - Snap frozen tumor tissue <input type="checkbox"/> - Serum <input type="checkbox"/> - Plasma <input type="checkbox"/> - Urine <input type="checkbox"/> - Other | 1. Query if blank | 4903787 SLDTMRSPCSBMTP |
| <p>If Other, specify:</p> | [Text field] | 1. Query if blank and Stained Slides (other), Unstained Slides (other) or Other is selected 2. Query if not blank and Stained Slides (other), Unstained Slides (other) or Other are not selected | 2856608 SPEC_OTH_SUBM_SPEC |
| <p>What type of tissue was submitted?</p> <p>Source of tissue sample. This refers to bone marrow, frozen tissue, blocks, slides and scrolls.</p> | <input type="checkbox"/> - Primary <input type="checkbox"/> - Metastatic <input type="checkbox"/> - Normal <input type="checkbox"/> - Other | | 64784 PAT_TIS_SPEC_SOUR_TP |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|---|--|--|---|
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 64785 PAT_TIS_SPE_SOU_SPEC |
| Specimen tissue site: <i>Anatomic site of tissue being submitted</i> | [Text field] | 1. Query if blank and specimen type= Fresh tissue, OCT embedded, Snap frozen, Stained and Unstained Slides (all types) or Scrolls 2. Query if answered and specimen type equals to Blood, Bone Marrow, Serum, Plasma or Urine | 2553336 SPCSITEICDOT |
| Institutional surgical pathology number: <i>Please include when sending tissue, cytology, bone marrow specimen or any specimen with a surgical ID number.</i> | [Text field] | | 2188968 ORG_SUR_PATH_ID_NUM |
| Sample collection date:* | DD/MMM/YYYY | 1. Query if blank 2. Query if future date 3. Query if non-conformant | 2004004 SMPL_COLL_DT |
| Number of specimens submitted:* | _____ (XX) | 1. Query if blank | 2003954 SPEC_SUBM_CT |
| TREATMENT | | | |
| Did patient receive ANY treatment prior to date specimen was collected?* | <input type="checkbox"/> - Yes <input type="checkbox"/> - No <input type="checkbox"/> - Not Applicable | 1. Query if blank | 4231463 TXPRISPCCLCADMIND |
| Prior therapy type(s): <i>Check all that apply.</i> | <input type="checkbox"/> - Chemotherapy, NOS <input type="checkbox"/> - Radiation Therapy <input type="checkbox"/> - Therapy NOS | 1. Query if none checked and Yes above 2. Query if any checked and No or N/A above | 2008450 PRIOR_TX_ADMIN_TP_A1 PRIOR_TX_ADMIN_TP_A2 PRIOR_TX_ADMIN_TP_A3 |
| BLOOD | | | |
| Collection tube: <i>Check all that apply.</i> | <input type="checkbox"/> - EDTA <input type="checkbox"/> - Lithium Heparin <input type="checkbox"/> - Sodium Heparin <input type="checkbox"/> - Red Top <input type="checkbox"/> - RNA preservation (PAXgene or similar) <input type="checkbox"/> - SST <input type="checkbox"/> - Unknown <input type="checkbox"/> - Other | | 4908714 BLDSPCCTCTUBETP_A1 BLDSPCCTCTUBETP_A2 BLDSPCCTCTUBETP_A3 BLDSPCCTCTUBETP_A4 BLDSPCCTCTUBETP_A5 BLDSPCCTCTUBETP_A6 BLDSPCCTCTUBETP_A7 BLDSPCCTCTUBETP_A8 |
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 2190881 BLOOD_COLL_TUBE_SPEC |
| BONE MARROW | | | |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|---|---|--|--|
| Is there bone marrow involvement?* <i>Tumor involvement in the bone marrow.</i> | <input type="checkbox"/> - Yes <input type="checkbox"/> - No <input type="checkbox"/> - Unknown <input type="checkbox"/> - Not Applicable | 1. Query if blank | 3296100 BMINVOLVE |
| <i>If yes,</i> Institutional bone marrow aspirate tumor percentage: | _____ % (XXX) | 1. Query if blank and YES above 2. Query if answered and not YES above. 3. ALERT outside range 0-100 4. Allow 3 digits | 3025058 SPEC_TUM_PCT_VAL |
| Collection tube: <i>Check all that apply.</i> | <input type="checkbox"/> - ACDA <input type="checkbox"/> - EDTA <input type="checkbox"/> - Lithium Heparin <input type="checkbox"/> - Sodium Heparin <input type="checkbox"/> - RNA preservation (PAXgene or similar) <input type="checkbox"/> - Unknown <input type="checkbox"/> - Other | | 4903805 BMSPCCTCTUBETP_A1 BMSPCCTCTUBETP_A2 BMSPCCTCTUBETP_A3 BMSPCCTCTUBETP_A4 BMSPCCTCTUBETP_A5 BMSPCCTCTUBETP_A6 BMSPCCTCTUBETP_A7 |
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 2183325 OTHER_SPEC_TXT_X1 |
| STAINED SLIDES | | | |
| Slide prep type: <i>Stained slides and Cytology slides- stained</i> <i>(Check all that apply.)</i> | <input type="checkbox"/> - H&E <input type="checkbox"/> - IHC <input type="checkbox"/> - Wright-Giemsa <input type="checkbox"/> - Unknown <input type="checkbox"/> - Other | 1. NOTE as TYPE | 4588604 SLIDEPREPTP_A1 SLIDEPREPTP_A2 SLIDEPREPTP_A3 SLIDEPREPTP_A4 SLIDEPREPTP_A5 |
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 2183325 OTHER_SPEC_TXT_X2 |
| <i>If IHC above,</i> Specify antibodies: | [Text field] | 1. Query if blank and TYPE includes IHC 2. Query if answered and TYPE does not include IHC | 64778 PA_TI_SP_AB_ST_ME_TX |
| SCROLLS | | | |
| Scroll thickness: <i>(μm)</i> | <input type="checkbox"/> - 15 μ m <input type="checkbox"/> - 20 μ m <input type="checkbox"/> - 50 μ m <input type="checkbox"/> - Unknown <input type="checkbox"/> - Other | | 4904043 TISSCROLLTHKSUBTP |

| Question (Element) | Valid Value | Edit Checks & Validation | For SDC Use Only |
|-------------------------------|---|--|---------------------------------|
| If Other, specify: | [Text field] | 1. Query if blank and Other selected 2. Query if not blank and Other not selected | 2183325 OTHER_SPEC_TXT_X3 |
| SHIPPING INFORMATION | | | |
| Courier name:* | <input type="checkbox"/> - DHL <input type="checkbox"/> - FedEx <input type="checkbox"/> - UPS <input type="checkbox"/> - USPS <input type="checkbox"/> - Other | 1. Query if blank | 3029837 COURIERCONM |
| If Other, specify: | [Text field] | 1. Query if other selected above, and this is blank 2. Query if not Other and this is not blank | 2006896 COURIERCONM_OTH |
| Courier tracking number:* | [Text field] | 1. Query if blank | 2006898 COURIERTKNO |
| Date shipped:* | DD/MMM/YYYY | 1. Query if blank 2. Query if future date 3. Query if non-conformant | 834 SPEC_LAB_SUBM_DT |
| CONTACT INFORMATION | | | |
| Treating institution:* | [Text field] | 1. Query if blank | 2680558 SPEC_SUBM_INST_NM |
| Contact person name:* | [Text field] | 1. Query if blank | 2597588 SPEC_SUB_CONP_ID_NM |
| Contact person phone number:* | [Text field] | 1. Query if blank | 2597589 SPEC_SUB_CON_TEL_NUM |
| COMMENTS | | | |
| Comments: | | | 797 RSCH_COMMENTS_TXT |