

COG GENERIC SPECIMEN TRANSMITTAL FORM

- 1) A Specimen Transmittal Form must accompany every shipment of specimen(s) to a COG Reference Laboratory, Resource Laboratory and/or the Biopathology Center. Please use this generic transmittal form if there is not a protocol specific transmittal form in the data form packet or available through the RDE or RAVE.
 - a.) Include one form per patient per shipment. If specimens are from multiple time points, please complete one form for each time point.
 - b.) Document the number and type(s) of specimen(s) sent in the shipment (see below).
- 2) If the patient does not have a COG Patient ID number, please access the COG On-line Registration System to obtain a number PRIOR to sending specimens. A COG Pt. ID and the Study # must be recorded on each Specimen Transmittal Form for identification purposes.
- 3) Refer to the protocol for specimen labeling and shipping instructions.

PATIENT INFORMATION		
Patient Initials (L,F): _____	Date of Birth : _____ (mm/dd/yyyy)	Study #: _____
Diagnosis Date: _____ (mm/dd/yyyy)	COG PT_ID #: _____	Additional Studies #s (If pertaining to specimens submitted): _____
	BPC #: _____	Diagnosis: _____
Institution of Treatment: _____		Primary Site: _____
Inst. #: _____ Contact Person: _____		Stage (if applicable): _____
Telephone #: _____		
Fed Ex (or other) Tracking Number: _____		
Permission Questions:		
Patient agreed to the use of specimen samples to do research to learn about, prevent or treat cancer.	_____ Yes	_____ No _____ N/A
Patient agreed to the use of specimen samples to do research about medical questions other than cancer.	_____ Yes	_____ No _____ N/A

SPECIMEN INFORMATION								
Specimen Collection Time Point: (If time points listed below do not match the time points listed in the protocol, please check "Other" and write in the time point exactly as it appears in the protocol.)								
_____ Pretreatment/Diagnosis	_____ Other (Write protocol-specific time point): _____					Did patient receive ANY treatment prior to date specimen was collected?		
_____ Second Look/ Definitive Surgery						_____ Yes _____ No		
_____ End of Therapy	Additional Comments: _____					If yes , check type(s):		
_____ During Follow-up						_____ Chemotherapy _____ Radiation		
_____ Disease Progression						_____ Other (specify _____)		
_____ Relapse/Recurrence								
Record number of each type of specimen present in shipment.	Fresh	Frozen	Paraffin Block	Unstained slides	Stained Slides	Surgical Path ID (SPID) and block #	Date Collected	Time Collected (if app.)
Primary Tissue								
Metastatic Tissue Specify site:								
Normal Tissue Specify site:								
Blood*								
Bone Marrow*								
Urine								
Serum*								
Plasma*								
Other (specify):								
SPECIMEN SHIPPED TO:			FORM:					
			1) Send original form with specimen(s)					
			2) Retain a copy in patient file at institution					

*Please include the collection vial type.