**Sample Shipping Form**

**STOP-CP**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1** | **Date:** |  | **Site #** |  |
| **To:** | Heather Rebuck | **From:** |  |
| **Org:** | University of Maryland | **Contact:** |  |
| **Address:** | 685 W. Baltimore St | **E-mail:** |  |
| **Address:** | MSTF RM 8-65  Baltimore, MD 21201 | **Address:** |  |
| **Fax:** | 410-706-4486 |  |  |
| **Tel:** | 410-706-7734 | **Tel:** |  |

|  |  |  |
| --- | --- | --- |
| **Section 2** | **Intended use of samples:** Samples will be used for the STOP study | |
| Sample boxes included in shipment:  Box # **1**  to Box # |  |

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| **Shipping Form FedEx Tracking #:** |

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| **Section 3** |  | **Yes** | **No** [If no, explain below] |
| Were the samples received on time? |  |  |
| Were the samples received at appropriate temperatures? |  |  |
| Was the shipment complete? |  |  |
| Location | **Freezer No** | **Time** |
|  |  |  |
| **Section 4** | **Comments on shipment:**  **Samples verified by core lab \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Initial and date** | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person receiving shipment Date Received