

MTN 026 Rectal Specimens

LDMS Specimen Tracking Sheet

For login of MTN 026 stored specimens into LDMS

MTN 026 LDMS Specimen Tracking Sheet (non-DataFax)

Purpose: This non-DataFax form is used to document collection and entry of MTN 026 specimens into the Laboratory Data Management System (LDMS).

General Information/Instructions: A copy of this form accompanies specimens for storage (in their original specimen collection containers) to the LDMS entry laboratory. Once the specimens have been entered into LDMS, this form is kept on file at the LDMS entry laboratory. If the site chooses, a copy of this completed form may be made once the specimens have been entered into LDMS and the copy kept in the participant's study notebook. This is not required, however. Because this form is a non-DataFax form, this form should NOT be faxed to SCHARP DataFax.

Item-specific Instructions:

- **Visit Code:** Record the visit code of the visit at which the LDMS specimens were collected.
- **NUMBER OF TUBES or SPECIMENS COLLECTED:** In the box provided, record the total number of tubes or specimens collected for that primary specimen type. If no LDMS specimens of the primary specimen type were collected, record "0."
- **Collection Time:** Record the time that the specimen collection was completed, using the 24-hour clock format.
- **Time Frozen:** Record the time the specimen was frozen using the 24-hour clock format.
- **Post-weight:** Record the weight of the collection device after the sample has been collected.
- **Pre-weight:** Record of the weight of the collection device prior to the sample being collected.
- **Net-weight:** Subtract the pre-weight from the post-weight and record the difference.
- **Initials – Sending Staff:** The clinic staff person who completed the form and/or who is sending the LDMS form and specimens to the LDMS entry lab, records his/her initials here.
- **Initials – Receiving Staff:** The laboratory staff person who received this form (and the LDMS specimens accompanying the form), records his/her initials here.
- **LDMS Data Entry Date:** Record the date the LDMS specimens listed on this form were entered into LDMS.
- **LDMS Data Entry Date – LDMS Staff:** The LDMS laboratory staff person who entered the specimens into LDMS, records his/her initials here.

LDMS CODES:

BPS: Biopsy

FLD: Fluid

FSR: Rectal biopsy by flexible sigmoidoscopy

NON: None

NSL: Normal Saline

PEN: Non-viable cells from non-blood specimen

REC: Rectal

SPG: Sponge

SWB: Swab

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Participant ID			Visit Code		Specimen Collection Date		
<input type="text"/> <small>Site Number</small>	<input type="text"/> <input type="text"/> <input type="text"/> <small>Participant Number</small>	<input type="text"/> <small>Chk</small>	<input type="text"/> <input type="text"/> 	<input type="text"/> 	<input type="text"/> <input type="text"/> <small>dd</small>	<input type="text"/> <input type="text"/> <small>MMM</small>	<input type="text"/> <input type="text"/> <small>yy</small>
# of TUBES or SPECIMENS	PRIMARY SPECIMEN	PRIMARY ADDITIVE	ALIQUOT DERIVATIVE	ALIQUOT SUB ADD/DER	INSTRUCTIONS FOR PROCESSING		
<input type="checkbox"/>	Rectal Biopsies – <i>Gene expression microarrays (FSR)</i> Collection Time: _____ : _____ Hour : Min	RNL	BPS	N/A	Store at 4°C overnight then transfer to ≤-70°C. Must be stored at ≤-70°C for a minimum of 24 hours prior to shipping.		
<input type="checkbox"/>	Rectal Biopsy – <i>Histology (FSR)</i> Collection Time: _____ : _____ Hour : Min	FOR	BPS	N/A	Store at room temperature and batch ship to MTN NL quarterly.		
<input type="checkbox"/>	Rectal Biopsies – <i>PD (FSR)</i> Collection Time: _____ : _____ Hour : Min	BTM	BPS	N/A	1 _____ - _____ = _____ mg 2 _____ - _____ = _____ mg 3 _____ - _____ = _____ mg 4 _____ - _____ = _____ mg <small>Post-weight Pre-weight Net weight</small> Transport biopsies to processing lab within 15-30 minutes of collection for processing. Enter PD into Other Spec ID field of LDMS.		
<input type="checkbox"/>	Rectal Biopsies – <i>T Cell Phenotyping (FSR)</i> Collection Time: _____ : _____ Hour : Min	BTM	BPS	N/A	Transport on ice to lab for testing. Enter PHENO into Other Spec ID field of LDMS.		
<input type="checkbox"/>	Rectal Biopsy – <i>Proteomics (FSR)</i> Collection Time: _____ : _____ Hour : Min	NON	BPS	N/A	_____ - _____ = _____ mg <small>Post-weight Pre-weight Net weight</small> Time Frozen: _____ : _____ <small>Hour : Min</small> Freeze at ≤-70°C within 2 hours of collection. Enter PRO into Other Spec ID field of LDMS.		

Comments: _____

Initials: _____ LDMS Data Entry Date: _____ / _____
Sending Staff Receiving Staff dd MMM yy LDMS Staff

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Item-specific Instructions:

- **Visit Code:** Check to make sure the Visit Code recorded on page 1 and page 2 match.
- **NUMBER OF TUBES or SPECIMENS COLLECTED:** In the box provided, record the total number of tubes or specimens collected for that primary specimen type. If no LDMS specimens of the primary specimen type were collected, record "0."
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LDMS CODES:

BPS: Biopsy

BTM: Biopsy Transport Media

FOR: Formalin

FSR: Rectal biopsy by flexible

sigmoidoscopy

NON: None

RNL: RNAlater