



A-STAR DNA Shipping Form (V2.0 - 01-MAY-2023)

A-STAR Study ID

(Please attach to all shipments)

Initials

CAPTURE Sample ID

Date of Birth (DD-MMM-YYYY)

Gender

DNA Sample Taken	Number of Tubes	Total Volume (ml)	Sample Collection Date (DD-MMM-YYYY)	Shipment Instructions
<input type="checkbox"/> Blood (EDTA vaccuette tube, pink top)			__ - __ - __ - __	How was sample maintained until shipment? <input type="checkbox"/> Ambient <input type="checkbox"/> Frozen

Site name

Date of shipment (DD-MMM-YYYY)

Name of person who completed form

Ship sample to St John's Institute of Dermatology (Guy's Hospital, 9th floor), ambient or in dry ice if sample was frozen.

NOTE: If this sample was exposed to any event that could compromise its integrity, or deviates from standard protocol, please detail on the rear of this sheet.



A-STAR DNA Shipping Form (V2.0 - 01-MAY-2023)

A-STAR Study ID

(Please attach to all shipments)

Initials

CAPTURE Sample ID

Date of Birth (DD-MMM-YYYY)

Gender

DNA Sample Taken	Number of Tubes	Total Volume (ml)	Sample Collection Date (DD-MMM-YYYY)	Shipment Instructions
<input type="checkbox"/> Blood (EDTA vaccuette tube, pink top)			__ - __ - __ - __	How was sample maintained until shipment? <input type="checkbox"/> Ambient <input type="checkbox"/> Frozen

Site name

Date of shipment (DD-MMM-YYYY)

Name of person who completed form

Ship sample to St John's Institute of Dermatology (Guy's Hospital, 9th floor), ambient or in dry ice if sample was frozen.

NOTE: If this sample was exposed to any event that could compromise its integrity, or deviates from standard protocol, please detail on the rear of this sheet.



A-STAR DNA Shipping Form (V2.0 - 01-MAY-2023)

A-STAR Study ID

(Please attach to all shipments)

Initials

CAPTURE Sample ID

Date of Birth (DD-MMM-YYYY)

Gender

DNA Sample Taken	Number of Tubes	Total Volume (ml)	Sample Collection Date (DD-MMM-YYYY)	Shipment Instructions
<input type="checkbox"/> Blood (EDTA vaccuette tube, pink top)			__ - __ - __ - __	How was sample maintained until shipment? <input type="checkbox"/> Ambient <input type="checkbox"/> Frozen

Site name

Date of shipment (DD-MMM-YYYY)

Name of person who completed form

Ship sample to St John's Institute of Dermatology (Guy's Hospital, 9th floor), ambient or in dry ice if sample was frozen.

NOTE: If this sample was exposed to any event that could compromise its integrity, or deviates from standard protocol, please detail on the rear of this sheet.