CitAD

Blood Specimen Shipment Notification (BN-1)

Purpose: Record information about shipment of blood specimens for DNA analysis, citalopram levels, and/or electrolyte panels.

When: Whenever blood specimens are being shipped for DNA analysis, citalopram levels, and/or electrolyte panels.

Completed by: CitAD certified personnel.

Instructions to shipper: Keep the original copy of this form in your study files. Fax a copy of this form to the specimen coordinator at Medical University of South Carolina (MUSC) and include a copy in the shipment. See CitAD website for shipping address of MUSC specimen lab and fax number of the specimen coordinator.

TO: Medical University of South Carolina

A. Clinic and personnel identification

1. Clinic ID:

FAX:

2. ID of person preparing shipment:

B. Specimen information

4. Date blood specimens shipped:

day month year

Record specified information in items 5 thru 13, columns a-e. Document all specimens from the same visit on one item line as shown in the examples. Use the following codes for column e: D for DNA sample, C for citalopram level, and E for electrolyte panel. MUSC will fill in the receipt date (column f).

3. Signature of person preparing shipment:

	а.	b.	c.	d.	e.	f.
	Patient ID	Patient four-letter code	Visit ID	Specimen collection date (day-month-year)	Specimen types (D, C, or E)	MUSC receipt date (day-month-year)
	<u>C X X 1</u>	<u>ZZZ1</u>	<u>E</u> <u>N</u>	<u>2</u> <u>6</u> - <u>o</u> <u>c</u> <u>t</u> - <u>1</u> <u>1</u>	<u>D, E</u>	
	<u>C X X X 2</u>	<u>ZZZ2</u>	<u>F</u> <u>3</u>	<u>2</u> <u>6</u> - <u>o</u> <u>c</u> t - <u>1</u> <u>1</u>	<u>C, E</u>	
5.	<u>C</u>		<u> </u>			
6.	<u>C</u>		<u> </u>			
7.	<u>C</u>		<u> </u>			
8.	<u>C</u>					
9.	<u>C</u>					
10.	<u>C</u>		<u> </u>			
11.	<u>C</u>		<u> </u>			
12.	<u>C</u>		<u> </u>			
13.	<u>C</u>					