



Research Specimen Scheduling Template (RSST)

This form must be submitted at least two business days before the scheduled visit.

Study Teams, please complete Page 1 below, and the first two columns on Pages 2 and 3.

Then, click the SUBMIT button to email this form to the SPL & FH Courier Services.

Save a copy to a local secure drive using the following naming convention: *RSST_RG Code_Subject ID_Visit Date*

General Information

Protocol No. (RG+7 digits; found in CTMS):

Primary Subject ID:

Medical Record Number (MRN):

Date of Scheduled Visit:

Time of Scheduled Visit:

Location Specimen/s will be Collected:

Other Location:

Visit Name (as listed in Laboratory Manual):

Contact Information for the Day of the Scheduled Visit

Primary Coordinator (Name/Email/Phone):

Back-up Coordinator (Name/Email/Phone):

Research Specimen Transportation

Urgent Processing

Do any specimens need to be processed within 30 min. of collection?

YES

NO

Urgent Processing Location = SPL Satellite Lab, Clinic, Room G6-091

Urgent specimens must be transported to the Satellite Lab by research staff, to ensure processing within window.

Standard Processing (for next shortest, non-urgent processing time)

Processing Timeframe:

Other Timeframe:

Standard Processing Location = SPL Main Lab, 1208 Eastlake, Room T1-102

Who will transport the specimen/s to the lab?

Specimen Test Names & Types

Complete the first two columns on page/s 2 & 3 for all samples SPL should expect to receive.

Complete the following steps ASAP, prior to the scheduled visit:

Ensure the most current version of Laboratory Manual is present in CTMS.

Transport processing and shipping materials to SPL (kits, shippers, & waybill/airbill).

Additional notes (NOT included in laboratory manuals):

Name of Person Completing Form:

Date Form Completed:

Form contains PHI - MUST encrypt email prior to sending.



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Specimen Receipt Information

Protocol No.:

Visit Name:

Date/Time Specimens Received: / /

Primary Subject ID:

MRN:

To be completed by Study Team		FOR SPL USE ONLY									
		Collection Date/Time (Epic)	Date / Start Time	Centrifuge			Aliquoting # of Aliquots or N/A	Processing Not Required <input checked="" type="checkbox"/>	Initials	Shipping	
				Speed (RPMs)	Duration (Minutes)	Temperature A - Ambient R - Refrigerated				Temperature of Shipment F - Frozen A - Ambient R - Refrigerated	Date of Shipment / Initials of staff packing & shipping specimens
Test Name (One line per time point)	Specimen Type (i.e. Blood, Bone Marrow, Urine, Swab, Saliva, or Stool)										
*Check here if more than 6 tests are required. See additional documentation on Page 3.											
Processing Notes, Date & Initials: Note any non-compliance from SPL Standard Operating Procedures, and/or the study-specific laboratory manual.											
<input type="checkbox"/> Specimen/s received past Processing Window (List Specimen Test Name/s): _____ <input type="checkbox"/> Other: _____											
<input type="checkbox"/> SPL Processing started past Processing Window (List Specimen Test Name/s): _____											
<input type="checkbox"/> Missing specimen/s (List Specimen Test Name/s): _____											
<input type="checkbox"/> NO Noncompliance Noted											
Date & Initials of SPL staff: _____ / _____											
Was the noncompliance reported to study team? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach documentation of notification (i.e. email) to Page 4 of this form.											



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Date/Time Specimens Received: /

To be completed by Study Team		FOR SPL USE ONLY									
		Collection Date/Time (Epic)	Processing						Shipping		
			Date / Start Time	Centrifuge			Aliquoting	Processing Not Required <input checked="" type="checkbox"/>	Initials	Temperature of Shipment F – Frozen A – Ambient R – Refrigerated	Date of Shipment / Initials of staff packing & shipping specimens
Speed (RPMs)	Duration (Minutes)	Temperature A - Ambient R - Refrigerated		# of Aliquots or N/A							
Test Name (One line per time point)	Specimen Type (i.e. Blood, Bone Marrow, Urine, Swab, Saliva, or Stool)	If this page is blank, ≤ 6 tests are required. See documentation on Page 2.									

Processing Notes, Date & Initials: Note any non-compliance from SPL Standard Operating Procedures, and/or the study-specific laboratory manual.

☐ Specimen/s received past Processing Window (List Specimen Test Name/s): _____ ☐ Other: _____

☐ SPL Processing started past Processing Window (List Specimen Test Name/s): _____

☐ Missing specimen/s (List Specimen Test Name/s): _____

☐ **NO Noncompliance Noted**

Date & Initials of SPL staff: _____/_____/_____

Was the noncompliance reported to study team? ☐ YES If yes, attach documentation of notification (i.e. email) to Page 4 of this form.

☐ NO

Protocol Number:

Visit Name:



Primary Subject ID:

MRN:

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As applicable, attach the following documents to this page:

- ☐ Completed Shipping Waybills/Airbills/Manifests
- ☐ Additional Documentation Sent to Study Team Describing any Noncompliance
- ☐ Epic Order Requisition
- ☐ Research Laboratory Form (Blue Sheet)