

SPECIMEN PROCESSING

Biospecimen Repository Service Request For Storage

Investigator

Phone

Project ID
[for billing purposes]

Date

Contact Name

Phone

Delivery Location

Authorized by

Description of Contents

Requested Pick-Up Date

Storage Box Size:

1-2ml vials	Number of boxes
.....
3-5ml vials	Number of boxes
.....
Cassettes	Number of boxes

Storage temperature:

Room temperature
.....
-20C
.....
-80C
.....
LN2

REPOSITORY USE ONLY

Date picked up

Number of Boxes

Picked up by