Study Name:

IRAS Number:

Chief Investigator:

To be completed by the sending Department/Laboratory:

|  |  |
| --- | --- |
| **Specimen Reference /Laboratory Number(s)** | *Unique study number(s) if applicable* |
| **Type of specimen(s)** | *List each type of specimen* |
| **Number of specimens** | *Number of specimens sent in total* |
| **Sending Department/Laboratory contact details** | *Full address* *Phone number* *Email address* |
| **Transfer approved by** | *Name* *Job Role**Signature**Date* |
| **Personnel sending specimen** | *Name* *Job Role* *Signature* |
| **Time and Date of specimen transfer** |  |
| **Method of specimen transfer** | *Post/Courier**Transport reference number* |
| **Paperwork enclosed** | *List of paperwork sent with the specimen* |
| **Transport considerations** | *Temperature**Laboratory/Department opening times**Any other relevant information* |

To be completed by the receiving Department/Laboratory:

|  |  |
| --- | --- |
| **Samples received by** | *Name* *Job Role* *Signature*  |
| **Specimen received Time and Date** |  |
| **Receiving Laboratory/Department contact details** | *Full address* *Phone number* *Email address* |
| **Specimen received intact and as per paperwork** | *Confirmation that the specimen is received in a viable manner* |

On receipt of sample(s), please complete this form and email a scanned copy to the sending department/laboratory.