

CRYOGENE LAB	GOVERNING SOP: SAMPLE HANDLING
DOCUMENT TYPE	FORM
SOP NUMBER / FORM	201 FA
EFFECTIVE DATE/ FORM REVISION #	12-04-2008/002

FORM A: SAMPLE PICK UP/SHIPMENT REQUEST

To Schedule Pick up of Samples-Please fax completed form to **713-664-2796**

Note: If unable to fax form, please call Phone: 713-664-1600

COMPLETE THE FOLLOWING:

Request Date	Institution	Contact Name			
Desired Pick Up/Shipment Date	Contact Phone #	Contact Email Address			
Building/ Rm #	After Hours Phone #	Emergency Contact			
Department Name		Investigator Name			
SHIPMENT INFORMATION:					
		CryoGene	(or <input type="checkbox"/> N/A for pickup)		
Leigh Anne Hill		9300 Kirby Suite 200			
Leighanne_hill@cryogenelab.com		Houston, Texas 77054	713-664-1600		
Type of Shipper	<input type="checkbox"/> Dry Ice <input type="checkbox"/> LN2 vapor <input type="checkbox"/> Other (specify):				
Courier Name	<input type="checkbox"/> Fed Ex <input type="checkbox"/> World Courier <input type="checkbox"/> Other (specify):		TRACKING #:		
# of Shippers		Shipment Method	<input type="checkbox"/> Air <input type="checkbox"/> Ground	Scheduled Arrival Date	
SAMPLE INFORMATION (Pickup & Shipment Samples)					
Type of Storage (check one)	<input type="checkbox"/> -80C <input type="checkbox"/> LN2 vapor <input type="checkbox"/> Other (specify):				
Sample Container	<input type="checkbox"/> Vials <input type="checkbox"/> Bags <input type="checkbox"/> Cassettes <input type="checkbox"/> Boxes <input type="checkbox"/> Full Freezer <input type="checkbox"/> Other (specify):				
Approx # of Samples/Boxes as described above:					
BIOHAZARD AND INFECTIOUS MATERIALS Check all that apply:	<input type="checkbox"/> Virus <input type="checkbox"/> Bacteria <input type="checkbox"/> Cell Line (specify): <input type="checkbox"/> Blood <input type="checkbox"/> Tissue <input type="checkbox"/> Other (specify):			<input type="checkbox"/> Infectious <input type="checkbox"/> Not Infectious	
COMMENTS:					
Authorized By:					Date: