**ACRIN 6654 NLST**
Specimen Packing Form (Blood / Urine)

**Instructions:** To be completed by the Colorado Specimen Bank and submitted via mail to the address listed below to document the receipt of biomarker specimens. If this is a revised or corrected form, indicate by checking box.

Date specimen received: ____________ ____________ ____________ ____________ 2000 (mm/dd/yyyy)

**Shipping Contents Received:**

<table>
<thead>
<tr>
<th>Specimen Type(s)</th>
<th>Number of Cryotubes Received</th>
<th>Shipment Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citrate plasma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citrate buffy coat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Shipment Codes**
1. Acceptable
2. Discrepancy in participant ID*
3. Discrepancy in shipping contents*
4. Problems with specimen packaging*
5. Specimen Breakage*

*If the shipment was coded 2-5, please notify the site of the issue(s) via telephone.

Site notified of problem(s) by: ___________________________ Name ____________________________ Date (mm/dd/yyyy) 2000

**COMMENTS:** _____________________________________________

FORWARD this completed Specimen Packing Form as soon as possible to:

**AMERICAN COLLEGE OF RADIOLOGY**
ACRIN-Protocol 6654 NLST
Data Support Department
1101 Market Street - 14th Floor
Philadelphia, PA 19107

Fax: 215-717-0936