CRYOGENE LAB	GOVERNING SOP: **SAMPLE HANDLING**
DOCUMENT TYPE	**FORM**
SOP NUMBER / FORM	**201 FA**
EFFECTIVE DATE/ FORM REVISION #	**08-30-13/004**

FORM A: SAMPLE PICK UP/SHIPMENT REQUEST

To Schedule Pick up of Samples-Please fax completed form to **713-664-2796 or email:**
Requests@cryogenelab.com *Note: If unable to fax or email please call Phone:* 713-664-1600

COMPLETE THE FOLLOWING:

Request Date	**Institution**	**Contact Name**

Desired Pick Up/ Shipment Date/ Time	**Contact Phone #**	**Contact Email Address**

Building/ Rm #	**After Hours Phone #**	**Emergency Contact**

Department Name	**Investigator Name**

SAMPLE INFORMATION

Transport Conditions (check one)	☐ Dry Ice ☐ LN2 vapor ☐ 2-8C ☐ Other (specify):	**Storage Requirements (check one)**	☐ -80C ☐ -20C ☐ LN2 vapor ☐ LN2 liquid ☐ 2-8C ☐ Room Temp ☐ Other (specify):

Sample Container Type(s) & # of each	☐ Vials #:_____ ☐ Bags #:_____ ☐ Cassettes #:_____ ☐ Boxes #: 2":_____ 3":_____ 4":_____ 5":_____ Other____":_____ ☐ Full Freezer #:_____ ☐ Other (specify):

Check all that apply:	**TYPE:**	**PURPOSE:**	**STORAGE & HANDLING:**
	☐ Virus ☐ Bacteria ☐ Cell Line (specify): ☐ Blood ☐ Tissue ☐ Client Product ☐ Other (specify):	☐ CLINICAL ☐ RESEARCH ☐ Other (specify):	☐ Infectious ☐ Not Infectious

COMMENTS:

SAMPLE SHIPMENT REQUEST (or ☐ N/A-CRYOGENE WILL PICK UP SAMPLES)

Ship to Address: CryoGene 9300 Kirby Suite 200 Houston, Texas 77054
Recipient Contact: Leigh Anne Hill Requests@cryogenelab.com 713-664-1600

Type of Shipper	☐ Dry Ice ☐ LN2 vapor ☐ Freezer/ Cooler Bricks ☐ Other (specify):				
Courier Name	☐ Fed Ex ☐ World Courier ☐ Other (specify):	**TRACKING #:**			
# of Shippers		**Shipment Method**	☐ Air ☐ Ground	**Scheduled Arrival Date**	

Authorized By:	**Date:**

Controlled Form-Client Use

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