

CRYOGENE LAB	GOVERNING SOP: SAMPLE HANDLING
DOCUMENT TYPE	FORM
SOP NUMBER / FORM	201 FD
EFFECTIVE DATE/ FORM REVISION #	08-30-13/005

FORM D: SAMPLE RETRIEVAL/DELIVERY REQUEST

To Schedule Retrieval/Delivery/Shipment of Samples/Product-Please fax completed form to: 713-664-2796 or email: Requests@cryogenelab.com Note: If unable to fax or email form, please Phone: 713-664-1600 **COMPLETE THE FOLLOWING:**

Request Date	Institution	Contact Name/ID
Desired Delivery Date*	Desired Delivery Time(s)	Contact Phone #
DELIVERY LOCATION Department/Building/ Room #		Investigator Name
FOR SHIPMENT ONLY OR <input type="checkbox"/> N/A	COURIER <input type="checkbox"/> Fed Ex* <input type="checkbox"/> World Courier <input type="checkbox"/> Other:	Ship To Address
Preferred Courier Account #		

SAMPLE/PRODUCT INFORMATION (Attach separate sheet if required/preferred)	
Sample/Product Label Information (attach separate list if needed)	CryoGene Tracking Number
Transport Conditions (check one) <input type="checkbox"/> Dry Ice <input type="checkbox"/> LN2 vapor <input type="checkbox"/> Freezer/Cooler Bricks <input type="checkbox"/> Other (specify):	Current Storage (check one) <input type="checkbox"/> -80C <input type="checkbox"/> -20C <input type="checkbox"/> LN2 vapor <input type="checkbox"/> LN2 liquid <input type="checkbox"/> 2-8C <input type="checkbox"/> Room Temp <input type="checkbox"/> Other (specify):
Sample/Product Container Type(s) & # of each	<input type="checkbox"/> Vials #: _____ <input type="checkbox"/> Bags #: _____ <input type="checkbox"/> Cassettes #: _____ <input type="checkbox"/> Boxes #: 2": _____ 3": _____ 4": _____ 5": _____ Other "": _____ <input type="checkbox"/> Full Freezer/Refrigerator #: _____ <input type="checkbox"/> Other (specify):
Samples/Product will be:	<input type="checkbox"/> Returned during this delivery <input type="checkbox"/> Returned at a later date? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS:

Authorized By:	Date:
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CryoGene USE ONLY (For Dry Ice or LN2 Deliveries) or N/A

Are requested shipment dates acceptable (*e.g. Fed Ex-Mon-Wed shipment and avoid Holidays)?
 Yes No Reviewed By Initials/Date _____ Confirmed By Initials/Date: _____
If No, contact CryoGene client and document changes on this form.

Controlled Form-Client Use