

Research Sample Pick-Up Request Form

Study Code: _____

INSTRUCTIONS FOR COORDINATOR: Complete the table below for all samples to be included in a single pick-up. Email completed form to SHResearch@sharedhealthmb.ca. If multiple pick-ups are required, a separate form is required for each instance. **Present a copy of this form at the lab during pick-up.**

Subject ID and/or Reference Number	Collection Date (dd/mm/yy)	Specimen & Tube Type	Specimen Label	Reference or Timepoint

INSTRUCTIONS FOR LAB STAFF: Use this list to assemble pick-up and once complete, sign below. Have the coordinator (or designate) sign below and return to Shared Health Research & Innovation, c/o Laura Curtis MS7-820 Sherbrook Street.

Confirmed Pick-Up Date: _____ Prepared Date: _____ Pick-Up Prepared by: _____

Received Date: _____ Receiver Name: _____ Receiver Signature: _____