

# Research Specimen Scheduling Template (RSST)

Coordinators: Please complete all blue fields.

<b>RG:</b>
<b>Study Secondary ID:</b>
<b>RSST ID #:</b>

<b>Subject Initials:</b>		<b>Processing Notes</b>	Note any non-compliance from SPL Standard Operating Procedures and/or the study-specific laboratory manual. <i>List Specimen Test Name/s.</i>
<b>MRN:</b>			Specimen/s received past Processing Window:
<b>Study Subject ID:</b>			SPL Processing started past Processing Window:
<b>Patient Sequence #:</b>			Missing specimen/s:
<b>Visit ID:</b>			<b>NO Noncompliance Noted</b>
<b>Timepoint:</b>			<b>Other:</b>
<b>Multiple Timepoints:</b>	Yes / No		Was the noncompliance reported to the study team? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach documentation of notification (i.e. email) to Page 3 of this form.
<b>Primary Coordinator:</b>		<b>Name</b>	For back up coordinators, please see bottom of last page.
<b>Phone</b>	<b>Pager</b>	<b>Email</b>	

<b>Collection Date/Time:</b>
<b>Form Completed by:</b>
<b>Date:</b>

<b>Received Date/Time:</b>
<b>Date/Initials of SPL Staff:</b>

<b>Collection Location</b>	<b>Delivery Location</b>	<b>Has Study Staff transported processing and shipping material to SPL:</b>
CTU/Infusion: Other:	SPL Main Lab (T1-101):	<b>Supplies include kits, labels, shippers, &amp; waybills/airbills.</b>
Alliance Lab:	SPL Satellite Lab (G6-091):	Yes: Not applicable:
Radiology:	<b>30 Minute Sample:</b>	<b>Urgent (30 minute) samples must be transported to the Satellite Lab by research staff. SPL Main lab cannot process samples ≤30 minutes</b>
Inpatient/UWMC:	<b>Most current version of Lab Manual is present in CTMS: Yes: Version: _____ Date: _____</b>	

Test Name (If biospecimen has multiple tests, please list first test only, ie chemistry)	Bio Specimen Type (SST, Stool, Bone Marrow, etc)	Process Window For Other, see Page 3	Centrifuge:			# of Bio Specimens No Processing	Blood Draw Date Time	Processing Start Date Time	Processing Stop Date Time	# of Aliquots	Shipped Y/N
			RCF (x g)	Duration	A/R						

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<b>RSST ID #:</b>				
<b>Special Processing/Aliquoting Instructions</b>				
<b>Billing</b>				
<b>Shipping</b>				
<b>Temp (A/R/F)</b>	<b>Date</b>	<b>Waybill/Airbill</b>	<b>Central Lab</b>	<b>Notes</b>
<b>Additional Comments</b>				
<b>Study Team Backups:</b>				
<b>Name</b>	<b>Phone</b>	<b>Pager</b>	<b>Email</b>	