|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subject ID No.** | **Subject Initials**  **(if known)** | **Sample/Tissue ID** | **Sample Type** | **Collection Date**  (dd/mmm/yy) | **Collection Time** (24hr) | **Time placed in Storage** (24hr) | **Sample Storage Location** (inc. shelf/ box/ column/ row) | **Staff Initials** | **Sample Removed Date & Staff Initials** | **Volume of sample removed (include units)** | **Sample Shipping Date & Staff Initials** | **Sample Destruction date & Staff Initials** | **Comments**  Include any comments on sample receipt or processing and freeze/thaw cycles. |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |