



RTOG Foundation
Specimen Transmittal Form

Study#

Case #

PLACE LABEL HERE

Institution

Institution No.

Participant's Initials

Participant's I.D. No.

INSTRUCTIONS: This form must be completed and mailed with the specimens upon submission to UCSF. Please see protocol for list of required materials.

STATUS	SPECIMEN OBTAINED DATE	TIME POINTS (per section 10 of the protocol)	*SPECIMEN TYPE (see table below)	NUMBER OF SPECIMENS	STORAGE METHOD	PATHOLOGY ACCESSION# / PT ID#
	MM - DD - YYYY					
	MM - DD - YYYY					
	MM - DD - YYYY					
	MM - DD - YYYY					
	MM - DD - YYYY					
	MM - DD - YYYY					

----- STATUS -----			
1 Pre-treatment	6 Recurrence		
2 Surgical treatment	7 Autopsy		
3 During treatment			
4 Post-treatment			

ENCLOSURES:

- _____ Pathology Report(s)
- _____ Specimens (eg., Blocks, Slides, Blood, Etc.)
- _____ This Submission Form

SEND TO:

FedEx/Courier address
 (all courier packages & all frozen samples)
 Biospecimen Bank at UCSF
 University of California San Francisco
 2340 Sutter St., room S341
 San Francisco, CA 94115

Telephone: 415-476-7864
 Fax: 415-476-5271
 E-mail: RTOG@ucsf.edu

***SPECIMEN TYPE**

- 10 H & E Stained Slides (P2)
- 11 Paraffin Blocks (JB)
- 12 Punch Bx (JH)
- 13 Unstained Slides (JN)
- 14 Fresh Tissue (JF)
- 30 Whole Blood (JW)
- 31 Serum (JS)
- 32 Plasma (JP)
- 33 Buffy Coat (JK)
- 50 Urine (JU)
- 51 Saliva (JL)
- 52 Buccal Scrapings (JR)
- 60 CSF (JC)
- 99 Other, specify (JT)

Check all that apply.

Patient consents to:

- 1 Current research as specified in the protocol
- 2 Cancer research
- 3 Medical research
- 4 Being contacted about future research

Shipping Tracking Number:

SUBMITTED BY: _____

TELEPHONE NO: (_____) _____ **EMAIL:** _____