

REMINDER: USE FEDEX LABELS PROVIDED IN THE KIT AND USE PROVIDED FROZEN GEL PACKS FOR SHIPPING

ComboMATCH Generic Specimen Submission Form

Form No. 2981v3
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Institution Instructions: This form is to be completed and submitted with **all specimens** unless the Rave-based STMF is available. **Use one form per patient, per time-point.** All specimens shipped to the laboratory must be listed on this form. Enter all dates as MM/DD/YY. Keep a copy for your files. Retroactively log all specimens into Rave once the STMF is available.

Screening Participant ID (e.g. 11006): _____

Treatment Protocol Number (e.g. EAY191-N4): _____ **Treatment Participant ID** (e.g. EAY191-N4-0001): _____

Patient Initials: Last _____ First _____ **Date of Birth:** _____ **Biological Sex:** _____

Protocol Collection Event (i.e., Timepoint or Archival): _____

Date Shipped: _____ **FEDEX Tracking Number:** _____

Shipped From (Enrolling Site Name): _____ **NCI CTEP Site ID:** _____

Shipped To (Laboratory Name): _____ MD Anderson Cancer Center CTO TQL

FORMS AND REPORTS: Include all forms and reports as directed per protocol, e.g., pathology, cytogenetics, flow cytometry, patient consult, etc.

<i>Required fields for all samples</i>				<i>Additional fields for tissue submissions</i>			
Specimen Type (include container type here)	Quantity (e.g. Volume/Cores/Slides)	Collection Date and Time (24 HR)		Specimen Kit Label ID (EAV#/EAB#)	Anatomical Collection Site	Biopsy Material (e.g., primary/mets/normal)	Local Specimen ID (if available)

CRA Name: _____ **CRA Phone:** _____ **CRA Email:** _____

Sample Submission Questions should be directed to the ComboMATCH Help Desk:

Email: combo-match-support@mail.nih.gov

Website: <https://service.cancer.gov/ComboMATCH>