



Tumour Tissue Block Collection Tracking Form

Site: _____ Investigator: _____

For completion by site staff and UoB laboratory staff			
Patient TNO:	BLOCK ID # If the block is labelled with an alternative patient identifier, please enter it here	Date Received by UoB Laboratory staff:	Received by (print name):
<input type="text"/>	<input type="text"/>	D _ D _ - M _ M _ M _ - Y _ Y _ Y _ Y _	<input type="text"/>
<input type="text"/>	<input type="text"/>	D _ D _ - M _ M _ M _ - Y _ Y _ Y _ Y _	<input type="text"/>
<input type="text"/>	<input type="text"/>	D _ D _ - M _ M _ M _ - Y _ Y _ Y _ Y _	<input type="text"/>
<input type="text"/>	<input type="text"/>	D _ D _ - M _ M _ M _ - Y _ Y _ Y _ Y _	<input type="text"/>
<input type="text"/>	<input type="text"/>	D _ D _ - M _ M _ M _ - Y _ Y _ Y _ Y _	<input type="text"/>

Sample received in good condition?
<input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> No <input type="radio"/> Yes
<input type="radio"/> No <input type="radio"/> Yes

UoB laboratory comments: _____

Section 1 - Completed By _____ Date: D _ D _ - M _ M _ M _ - Y _ Y _ Y _

Completed by: *You must have signed the Site Signature & Delegation Log*

Make 2 copies of form. Return one copy along with patient sample to: Dr Douglas Ward, c/o Robert Aitken Institute of Cancer Research Stores, Institute of Cancer and Genomic Sciences, University of Birmingham, Edgbaston, Birmingham B15 2TT. Return second copy to: Radio Trial Office, Institute of Cancer and Genomic Sciences, University of Birmingham, Edgbaston, Birmingham B15 2TT. File original form in the Investigator Site File.

Entered on tracking database: Office use only

Date Received: DATE STAMP D _ D _ - M _ M _ M _ - Y _ Y _ Y _

