Place Specimen Barcode Label Here

MTB ISOLATE STORAGE FORM - COHORTS A AND B

Participant ID: ☐☐☐-☐☐☐☐☐☐☐☐☐☐-☐

Visit Date: ☐☐-☐☐☐-☐☐☐☐
D D M O N Y Y Y Y

Visit Type:

COHORT A: ☐ B/L ☐ TX F/R/W ☐ Unscheduled

COHORT B: ☐ TB Activation Eval ☐ nscheduled

A. MTB ISOLATE

1. Date of Processing and Storage: ☐☐-☐☐☐-☐☐☐☐
D D M O N Y Y Y Y
2. Lab Accession Number (if applicable): ☐☐☐☐☐☐☐☐☐
3. Total Number of Aliquots Prepared: ☐☐
4. Name of Lab Technician: _____
5. Signature of Lab Technician: _____

B. SPECIMEN SHIPMENT TO CENTRAL BIOREPOSITORY

1. Date Shipped to the Central Biorepository: ☐☐-☐☐☐-☐☐☐☐
D D M O N Y Y Y Y
2. Total Number of Vials Shipped: ☐☐
3. Name of Person Shipping Specimens: _____
4. Signature of Person Shipping Specimens: _____

PID: ☐☐☐–☐☐☐☐☐☐☐☐☐☐–☐

Visit Date: ☐☐–☐☐☐–☐☐☐☐

C. COMMENTS: Problems with specimen processing and/or shipment, etc. ☐ N/A

FOR CENTRAL BIOREPOSITORY USE ONLY

Date Received: ☐☐-☐☐☐-☐☐☐☐
D D M O N Y Y Y Y

Condition of Specimens: ☐ **Frozen** ☐ **Thawed** ☐ **Not Received**

A COPY OF THIS FORM WILL BE SHIPPED TO THE CENTRAL BIOREPOSITORY WITH THE MTB ISOLATES.