



Sample Status Form v2.1

CUSTOMER INFORMATION			
INSTITUTION	CONTACT PERSON	PHONE	
ADDRESS	CITY	STATE	ZIP
SAMPLE INFORMATION			
KTB PROJECT IDENTIFICATION		CUSTOMER PROJECT IDENTIFICATION	
NUMBER OF SAMPLES DISTRIBUTED _____ Please note that all samples distributed by the Komen Tissue Bank are to be used only for the project outlined in the investigator's approved proposal. At the end of the project, all consumed and unconsumed samples must be accounted for on this form.		OTHER INFORMATION	
CERTIFIED			
NAME		TITLE	
SIGNATURE		DATE	
NOTES			
_____ TISSUE	_____ PLASMA	_____ WHOLE BLOOD	
_____ PARAFFIN BLOCKS	_____ SERUM		
_____ SLIDES	_____ DNA		
CERTIFICATE			
<input type="checkbox"/> DESTROYED BY POOLING	<input type="checkbox"/> OTHER (please specify below)		
<input type="checkbox"/> AUTOCLAVED	_____		
<input type="checkbox"/> CONSUMED BY ANALYSIS	_____		
<input type="checkbox"/> RETAINED (Blocks and Slides only)			
KTB Representative		TITLE	
SIGNATURE		DATE	