THERADIS PHARMA

Biological sample pick up request form

GETAID

SPONSOR: GETAID	INVESTIGATOR:
PROTOCOL: SPARE	CENTRE N°:

Sender: pick up address	*Recipient: Delivery address*
Name: Address: Tel: Fax: Email:	**Central laboratory biobank (Gastroenterology unit)** For the attention of Charlotte Massot / Marie-Alice Meuwis Bâtiment B34 (tour GIGA), 2ème étage Avenue de l'hôpital 11, quartier de l'hôpital, Domaine Universitaire du Sart Tilman 4000 Liège Belgium Tel : 0032 (0)43 66 25 38 Email : sparebiobank@chu.ulg.ac.be

Investigator site

The day before shipment, before 16h00

please complete and fax or email this form to Theradis Pharma

Fax: +33 (0)4 97 10 08 78 or email: SPARE@theradispharma.com

Please send this form with the samples

Transport conditions: Dry ice

Date of shipment: /____/____/ /____/____/ /____/____/____/____/
DD MM YYYY

Total number of cryobox 2ml: /_____/ **Total number of 2 ml tubes:** /_____/

Total number of cryobox 10ml: /_____/ **Total number of 10ml tubes:** /_____/

Comments: ……

……

Central laboratory biobank (Gastroenterology unit)

ACKNOWLEDGEMENT OF RECEIPT

Please complete and fax or email this form the day of reception to Theradis Pharma

Fax : +33 (0)4 97 10 08 78 / email: SPARE@theradispharma.com

Date of reception: /____/____/ /____/____/ /____//____/____/____/
DD MM YYYY

Total number of tubes received: /_____/

Samples received in good condition: **Yes** ❑ **No** ❑

Received by: ……
Name *Signature* *Date(DD/MM/YYYY)*

Comments: ……

……