

## PATIENT PLASMA COLLECTION FORM

### FOR PERSONNEL PERFORMING THE PLASMA COLLECTION AND PREPARATION

1. Please complete this form. Once completed, place the form in the bag marked 'Specimen collection kit'.
2. Read thoroughly PROphet<sup>®</sup> Plasma Collection and Shipping Instructions (LBL-001-PRD).

1. PATIENT DETAILS					
I identified the patient with two identifiers YES   NO		Patient Initials (First and last name only):		Patient Date of Birth (DOB):	
2. PLASMA COLLECTION AND PREPARATION					
	Vial Label (Place a copy of each vial label in this column)	Initial/Sign if Correct (Ensure vial label matches collection form label)	Vial Collected (Circle here if plasma was collected in each vial)	Patient initials and DOB (Circle here if patient initials and DOB were written on the vial)	Remarks (Explain if vial not collected, hemolytic, etc.)
1			YES   NO	YES   NO	
2			YES   NO	YES   NO	
3			YES   NO	YES   NO	
4			YES   NO	YES   NO	
Collection Date:			Collection Time (hh:mm):		
Centrifugation Time (hh:mm):		Centrifugation Speed:		Centrifugation at Room Temperature? Yes   No	
Time Sample was Frozen (hh:mm):		Comments Regarding Sample Collection Procedure:			
3. PHLEBOTOMIST/HEALTH CARE PROFESSIONAL INFORMATION					
Name:		Signature:		Date and time:	
4. SHIPPING					
<ul style="list-style-type: none"> <li>Place the cryovials in the biohazard pouch and seal firmly. Place in the bag marked 'Specimen collection kit.'</li> <li>Place this form, the TRF and the Patient Consent Form into the bag marked 'Specimen collection kit.'</li> </ul>					
FOR PERSONNEL PERFORMING THE SPECIMEN SHIPMENT					
<ul style="list-style-type: none"> <li>Ship plasma samples <b>on dry ice</b> to OncoHost's laboratory. Shipping should only occur Monday – Thursday to ensure delivery to OncoHost by Friday of each week.</li> <li>Write the courier company and shipment tracking number below:</li> </ul>					
Courier Company:		Shipment Tracking Number:			
Courier Name:		Signature:		Date and Time:	