

Sample Tracking Log

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Study Title/Acronym:							
Investigator:				Site name/no.:			
UoL Number:				EudraCT no.:		IRAS no.:	
Sample Type: W = Whole Blood P=Plasma S=Serum T= Tissue U= Urine O= Other please specify		Sample processing SOP numbers: Storage Location (include temperature) :					

Subject ID No.	Subject Initials (if known)	Sample ID	Sample Type	Collection Date (dd/mm/yy)	Collection Time (24hr)	Time placed in Storage (24hr)	Sample Storage Location (inc. shelf/box/column/row)	Staff Initials	Sample Removed Date & Staff Initials	Volume of sample removed (include units)	Sample Shipping Date & Staff Initials	Sample Destruction date & Staff Initials	Comments <small>Include any comments on sample receipt or processing and freeze/thaw cycles.</small>