VIVO Biobank
Sample Information Sheet
To be sent to Newcastle Biobank with samples

Newcastle Biobank use only

Date received: _ _/ _ _/ _ _

Signed:

Name:

This form should accompany all VIVO Biobank samples and should be filled in as completely as possible.

Patient ID number | | | - | | | | | | **Centre no.** **Patient no.**

Has the patient relapsed Y / N

Date of last relapse D D / M M / Y Y

Hospital collecting sample: _____ **Contact at hospital**: _____

Trial

ALLTogether 01	ALL non-trial	ALL relapse	AML	AML relapse	Infant Guidelines
FaR-RMS	HR-NHL2	SMPaeds2	BEACON2	Other:	

Is this a relapse sample? Y/N **Has a trephine been taken? Y/N**

Sample time point – leukaemia

Diagnosis ☐ Day 15 ☐ Day 29 (EoI) ☐ Day 71(EoC) ☐ EndTreat ☐ Relapse ☐

BLINA Day15 BLIN ☐ Day29(BLIN cycle1) ☐ Day29(BLIN cycle2) ☐

Post course 1 ☐ Post course 2 ☐ Other time points: _____

Sample time point – solid tumours

Pre-treatment / Diagnosis ☐ Mid treatment ☐ please specify _____ Surgery only ☐

Post-Treatment ☐ please specify _____ Other time points: _____ Relapse ☐

Sample details Stick barcode labels here

Bone Marrow Date taken: D D / M M / Y Y Time taken: H H : M M

CSF Date taken: D D / M M / Y Y Time taken: H H : M M

Peripheral Blood (Streck for cDNA) Date taken: D D / M M / Y Y Time taken: H H : M M

Date dispatched: D D / M M / Y Y Time dispatched: H H : M M

Dispatched by: _____ Phone no. _____

Friday samples should be refrigerated and posted on Monday morning.

Streck tubes **must** be kept at room temperature prior to posting

In case of difficulties, please contact VIVO Biobank enquiries@vivobiobank.org

PLEASE SEND TO: Central Biobank, Newcastle Biobank Facility, Ground Floor, Leach Building, Newcastle University, Newcastle upon Tyne, NE2 4HH