



VIVO Biobank Sample Information Sheet

To be sent to UK Biocentre with samples

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

UK Biocentre use only

UK Biocentre I.D.:

Date received: __/__/__

Signed:

Name:

Patient ID number -
Centre no. Patient no.

Has the patient relapsed Y / N

Date of last relapse DD/MM/YY

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 (trephines will be followed up later)

Sample time point – leukaemia

Diagnosis Day 15 Day 29 (EoI) Day 71(EoC) End of Treatment
 Post course 1 Post course 2 Other time points: _____ Relapse

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: DD/MM/YY Time taken: HH:MM

CSF  Date taken: DD/MM/YY Time taken: HH:MM

Peripheral Blood  Date taken: DD/MM/YY Time taken: HH:MM

(Streck for cDNA)

Date dispatched: DD/MM/YY Time dispatched: HH:MM

Dispatched by: _____ Phone no. _____

Friday samples should be refrigerated and posted by Special Delivery 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