

Boston Medical Center Boston MA 02118 Department of Pathology and Laboratory Medicine

BARC PRO 012 BARC PRO 012-TCP Blood Collection

Copy of version 4.1 (approved and current)

**Last Approval or
Periodic Review Completed** 3/20/2018

**Next Periodic Review
Needed On or Before** 3/20/2019

Effective Date 4/3/2017

Controlled Copy of a Manual ID 15099

Location TCP SOP
SharePoint

Organization Boston Medical
Center

Author
Liz Duffy

Comments for version 4.0 (last major revision)

Definitions of Delay to Testing and flexibility time added. Format change as well.

Comments for version 4.1 (this revision)

BARC PRO 023 was uploaded to this document in error. The approved version 3.0 is being uploaded again with the note that the version is now 4.1 due to this error.

Approval and Periodic Review Signatures


Type	Description	Date	Version	Performed By	Notes
Periodic review	Laboratory Director Review	3/20/2018	4.1	<i>Chris Andry, PhD</i> Chris Andry	
Approval	Quality approval	4/3/2017	4.1	<i>ERDuffy</i> Elizabeth Duffy	
Approval	Administrative Director	4/3/2017	4.0	<i>Chris Andry, PhD</i> Chris Andry	
Approval	Administrative Director	3/23/2017	3.0	<i>Chris Andry, PhD</i> Chris Andry	

Prior History

Edited prior to uploading with help from Leidos

Version History

Version	Status	Type	Date Added	Date Effective	Date Retired
4.1	Approved and Current	Minor revision	4/3/2017	4/3/2017	Indefinite
4.0	Retired	Major revision	4/3/2017	4/3/2017	4/3/2017
3.0	Retired	Initial version	3/22/2017	3/27/2017	4/3/2017

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1.0 PURPOSE

- 1.1. The purpose of this standard operating procedure (SOP) is to provide instructions to biospecimen source sites (BSS) for pre-anesthesia blood collection and processing. Blood will be collected for the preparation of blood derivatives from all study donors for downstream marker analyses.

2.0 SCOPE

- 2.1. This procedure encompasses all activities required to properly collect blood at all BSSs for the Thrombosis in Cancer Patients (TCP) study. This procedure is to be followed by all personnel performing the collection of blood biospecimens.

3.0 RESPONSIBILITY

- 3.1. Principal Investigator. It is the responsibility of the Principal Investigator (PI) at each BSS to ensure that the phlebotomy and blood processing lab personnel have been trained in accordance with this SOP, that the training is documented, and that this procedure is followed.
- 3.2. TCP Collection Team member. It is the responsibility of the TCP collection team member(s) present at the time of the blood draw to ensure he/she has read, understands, and follows the SOP when blood samples are collected.
- 3.3. It is the responsibility of the project staff designated by the PI or BSS to ensure that all the required case report forms (CRFs) in the Comprehensive Data Resource (CDR) are completed.
- 3.4. Any planned deviation or change from this SOP, known prior to a collection, should be pre-approved by the Biospecimen Research Group-Quality Management (BRG-QM and the Technical Project Manager (TPM) and **well-documented by the site** following the QM-0006 and submitting Change Request Form, QM-0006-F2.
- 3.5. *Any unplanned deviation that is unexpected or identified during or after a collection should be well documented by the site.* Such deviations should be submitted to BRG QM and the TPM, following QM-0006, and submitting Deviation Report Form, QM-0006-F3.


4.0 DEFINITIONS

4.1. Definitions

- 4.1.1. **Case ID Donor (“case”) identification (ID)** The Case ID is an 8-character identification (e.g., TCP-XXXXX) which is designated by the BSS and assigned to the donor by the BSS at the time of specimen blood draw.
- 4.1.2. **Specimen ID** Identifies each blood biospecimen from a study subject and is used on all tubes, including blood collection tubes, clinical assay tubes, and cryovial aliquots.

4.2. Acronyms

- 4.2.1. **BARC** Biospecimen Archive Research Core
- 4.2.2. **BARC-QM** Biospecimen Archive Research Core-Quality Management
- 4.2.3. **BMC** Boston Medical Center

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- 4.2.4. **BRG-QM** Biospecimen Research Group-Quality Management
- 4.2.5. **BSS** Biospecimen Source Site
- 4.2.6. **CBC** Cell Blood Count
- 4.2.7. **CDR** Comprehensive Data Resource
- 4.2.8. **CRF** Case Report Form
- 4.2.9. **CRL** Coagulation Research Laboratory
- 4.2.10. **ID** Identification
- 4.2.11. **PI** Principal Investigator
- 4.2.12. **PPE** Personal Protective Equipment
- 4.2.13. **SDS** Safety Data Sheet
- 4.2.14. **SOP** Standard Operating Procedure
- 4.2.15. **TCP** Thrombosis in Cancer Patients
- 4.2.16. **TPM** Technical Project Manager

5.0 ENVIRONMENTAL HEALTH & SAFETY

- 5.1. Universal Precautions (CDC-1987) shall be used for all phases of blood collection and handling.
- 5.2. Comply with institutional policies regarding blood borne pathogens and the use of appropriate Personal Protective Equipment (PPE) at all times.
- 5.3. Dispose of all contaminated supplies in the appropriate biohazard and sharps containers.
- 5.4. Handle all chemicals appropriately according to Safety Data Sheets (SDS).

6.0 MATERIALS/EQUIPMENT

6.1. Equipment Required at Blood Collection Site

Item Number	Description
1	Leak-proof, shatter proof container for transport of blood samples from phlebotomy site to processing site


6.2. Materials Required

- 6.2.1. The BSS will be responsible for all materials/equipment to be utilized during a case collection.
 - 6.2.1.1. Phlebotomy supplies as used in the clinical space, tourniquets, alcohol pads, butterfly needles, gauze, and other routine supplies as needed for patient care will be provided by the phlebotomy team.
 - 6.2.1.2. Information on the type of needle used and needle gauge will be recorded.

6.3. Materials needed by modules

- 6.3.1. 9 Pre-labeled BD Vacutainer 3.2% sodium citrate 4.5 mL tubes
- 6.3.2. 1 Pre-labeled BD Vacutainer EDTA 3 mL tube
- 6.3.3. Extra 3.2% sodium citrate 4.5 mL tubes (in case of defective tubes)
- 6.3.4. Extra labels for extra tubes

7.0 PROCEDURE

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7.1. Data Entry into the required CRFs in CDR database:

7.1.1. **Thrombosis in Cancer Patients Blood Collection, Handling and Processing Form** is required to be completed in the CDR within 96 hours of blood collection and processing.

7.2. Pre-Blood Collection Preparation:

7.2.1. General

7.2.1.1. For cancer subjects, blood must be collected prior to surgery and prior to initiation of anesthesia. Healthy donors have no restriction on the timing as long as they are identified as being healthy. If the minimum blood requirement is not met, the donor can elect to come back in to attempt a second draw. A minimum of 12 hours must have elapsed before attempting the second draw, and the second draw must still be prior to anesthesia for the cancer subjects.

7.2.1.2. A CBC drawn at the same time as the experimental vials must accompany each case. The CBC data can be taken from the medical record if it was drawn for clinical purposes at the same time that the research tubes were drawn. Should either a clinical CBC not be ordered, or the subject needs to return for a second draw, an EDTA tube will need to be drawn first for the CBC.

7.2.2. Blood Collection Supplies

7.2.2.1. The BARC-QM will set up blood collection kits including a Kit Completeness Form BARC PRO 012 F1 that will be filled out by BSS staff prior to blood collection, to ensure accuracy and completeness of the blood sample collection kit (correct items, IDs, and labels).

7.2.2.2. Check the expiration date of blood collection tubes prior to use. Do not use expired tubes.

7.2.2.3. Prior to blood collection, confirm accuracy of consent status and assigned Case ID.


7.2.3. Biospecimen Labeling

7.2.3.1. Each biospecimen will be identified using a unique specimen ID. The complete specimen ID is composed of two elements - a Case ID (e.g., TCP-XXXXX) and a sequence number (e.g., ##) - that, together form the final alpha-numeric Specimen ID; e.g., TCP-XXXXX-##.

7.2.3.2. The blood collection staff or the TCP collection team members present at the blood collection are responsible for recording their initials and date on the blood tube or on the paper form and in each field in the Thrombosis in Cancer Patients Blood Collection, Handling and Processing Form. This includes but is not limited to recording the date and time of blood draw, name of individual that performed the blood draw, a secondary person who observed the blood draw, and time and date of receipt in processing lab.

7.3. Blood Collection


7.3.1. Sample Collection Tubes

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- 7.3.1.1.1. Blood collection tube order: If a CBC is ordered for clinical purposes, then the sodium citrate tubes will be drawn directly after the clinical tubes. If a CBC is not ordered, or if a subject needs to come in for a second draw, the EDTA tube for CBC will be first, followed by the sodium citrate tubes.
- 7.3.1.2. Each blood draw will collect the blood volume needed as outlined in the experimental design 1 or 2 in the Research Plan (PM-0022). Blood draw priority will be assigned as per the Research Plan (PM-0022).
NOTE: As the collection tubes may not be graduated/marked for volume, creating of "Volume reference tubes" is recommended. This can be done by pipetting 1.0mL of water into a spare blood collection tube, and marking the tube with a permanent marker to indicate the level of fluid within the tube. Repeat adding 1.0mL of water and marking the reference tube all the way up to the maximum volume of the collection tube. The markings may then be used as a reference for assessing the amount of blood collected following a draw from a donor.
- 7.3.1.3. Experimental module conditions, collection tube type, aliquot size, and number of resulting aliquots to be used for this study are shown below in Table 1.
- 7.3.1.4. All tubes will be pre-labeled for the next sequential TCP study ID and will be assigned to an experimental module(s) after collection. The project staff present at the collection of the blood should initial and date the blood tubes at the time of blood draw.
- 7.3.1.5. Ensure that blood collected for the Complete Cell Blood Count (CBC) is collected from *the same blood draw*, and the CBC data is recorded, for the blood used in the study in the Thrombosis in Cancer Patients Blood Collection, Handling and Processing Form. *NOTE: Should the CBC not be drawn for clinical purposes, the project staff is to provide the pre-labeled EDTA tube from the kit to use for this purpose. Should the CBC be drawn for clinical purposes, the project staff will obtain the data from the medical record.*

Table 1.

Priority	Experimental Modules	Control Conditions	Experimental Conditions	Minimum Blood Draw
1	Delay to Centrifuge	3.2% sodium citrate tube	<ul style="list-style-type: none"> • 2 hour delay 	<ul style="list-style-type: none"> • 6-4.5mL 3.2% sodium citrate vacutainers (with

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		≤ 1 hour to centrifuge	<ul style="list-style-type: none"> • 4 hour delay 	an additional 3 for storage) <ul style="list-style-type: none"> • 1-3ml EDTA vacutainer
2	Freeze/Thaw & Delay to Testing	<ul style="list-style-type: none"> • 3.2% sodium citrate tube ≤ 1 hour to centrifuge • 1 F/T cycle 	<ul style="list-style-type: none"> • 2 F/T • 3 F/T • 24 hour delay to testing • 72 hour delay to testing 	<ul style="list-style-type: none"> • 6-4.5mL 3.2% sodium citrate vacutainers (with an additional 2 for storage) • 1-3ml EDTA vacutainer
3	Freeze/Thaw Cycles	3.2% sodium citrate tube ≤ 1 hour to centrifuge	<ul style="list-style-type: none"> • 2 F/T • 3 F/T 	<ul style="list-style-type: none"> • 4-4.5mL 3.2% sodium citrate vacutainers (with an additional 1 tube for storage) • 1-3ml EDTA vacutainer
4	Delay to Testing	3.2% sodium citrate tube ≤ 1 hour to centrifuge	<ul style="list-style-type: none"> • 24 hour delay to testing • 72 hour delay to testing 	<ul style="list-style-type: none"> • 2-4.5mL 3.2% sodium citrate vacutainers (with an additional 1 tube for storage) • 1-3ml EDTA vacutainer

7.3.2. Participant Position

7.3.2.1. Participant should be immobile for at least 5 minutes before the blood draw. This may include being in a seated or reclined position. The time the patient is immobile will be recorded.


7.3.2.2. The arm should be positioned in a straight line from the shoulder to the wrist. The arm should not be bent at the elbow.

7.3.3. Source of the Venous Blood


7.3.3.1. Collect blood from the median, cubital, basilic, or cephalic veins.

7.3.3.2. Blood collection from a port is discouraged.

7.3.4. Blood Drawing:

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- 7.3.4.1. Apply a tourniquet two (2) inches above the antecubital fossa or above or below the elbow (as deemed appropriate by phlebotomist) with enough pressure to provide adequate vein visibility.
- 7.3.4.2. Clean the blood collection site of the forearm with an antiseptic wipe. Allow the antiseptic to dry.
- 7.3.4.3. Anchor the vein by placing the thumb two (2) inches below the site and pulling the skin taut to prevent the vein from moving.
- 7.3.4.4. Using the dominant hand, insert the needle (connected to the tube holder/blood collection device) into the participant's vein
- 7.3.4.5. Please collect blood in each blood collection tube following the Collection Priority of Experimental Module(s) outlined in Table 1. Insert the first blood tube into the blood collection device, and allow it to fill with blood.
 - 7.3.4.5.1. Place donor's arm in a downward position
 - 7.3.4.5.2. Hold tube in a vertical position, below the donor's arm during blood collection.
 - 7.3.4.5.3. Make sure tube additives do not touch stopper or end of the needle during venipuncture.
- 7.3.4.6. **Inversion of Blood Collection Tube:** Immediately after allowing a collection tube to completely fill, slowly and gently invert the tube. Do not invert or shake the tube vigorously, as per collection tube manufacturers' recommendations, for proper and sufficient mixing.
- 7.3.4.7. Remove the tourniquet as soon as it is reasonable to do so, either after the blood begins to flow into the first tube, after all blood collection tubes have been filled, or between the first and last tubes. The elapsed time for the use of the tourniquet should be less than one (1) minute. In the event that additional time is required, the tourniquet must be removed in a fashion that restores both the circulation and normal skin color. Exercise discretion as to the continued likelihood of blood flow from that participant. In all cases, be sure that the tourniquet has been removed before removing the needle from the participant's arm.
- 7.3.4.8. Carefully remove the needle from the participant's arm when all tubes have been filled and immediately dispose of the needle into a biohazardous waste and sharps container. Apply pressure on the blood collection site with sterile gauze and apply a bandage.
- 7.3.4.9. Discard all remaining blood collection supplies, PPE, and needles in biohazardous waste and sharps containers, respectively, as per institutional safety and waste disposal policies.
- 7.3.4.10. On the Thrombosis in Cancer Patients Blood Collection, Handling and Processing Form in the CDR database or paper form, document/comment if there were any issues in the blood collection process.

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7.3.4.11. Place all blood vials in a biohazard bag within a leak-proof container and transport to the CRL lab at 670 Albany, room 429 to process blood.

7.3.5. Minimum blood collection requirements:

7.3.5.1. The minimum volume of blood to be collected will be determined by the nature of the experimental module, in order to completely fulfill the module’s testing aspects. Any unused plasma beyond what is needed to complete testing will be stored in the vapor phase of LN₂ for long-term storage.

7.3.5.2. If the minimum number of aliquots are not collected for an experimental module, please contact your TPM immediately for approval to continue.

NOTE: Extra collection tubes will be provided to use as backup, in case of any issues related to a defect in the original tube supplied in the kit. These extra tubes will be provided unlabeled in bulk. Extra labels to use for these tubes will be included in the blood collection kits. If there is an issue with drawing the required amount of blood in the original kit collection tube, please use the extra tubes (be sure to identify the tubes using the extra labels provided in the kit). On the Thrombosis in Cancer Patients Blood Collection, Handling and Processing Form in the CDR, “Add” the tube(s) and scan the barcode ID on the label.


8.0 REFERENCES

- 8.1. BD Instructions for Use-Preparing a Quality Sample (<http://www.bd.com/Vacutainer®/products>)
- 8.2. Common Blood Collection and Plasma Processing Protocol - Clinical Proteomics Technologies Assessment for Cancer (CPTAC) Biospecimen Working Group (2008)
- 8.3. http://www.preanalytix.com/~media/PreAnalytiX/Files/Resources%20Blood%20DNA/Blood_DNA_Tube_ProdCir.ashx
- 8.4. QM-0006 Deviations


9.0 ATTACHMENTS

- 9.1. Thrombosis in Cancer Patients Blood Collection, Handling and Processing Form
- 9.2. Thrombosis in Cancer Patients Clinical Data Entry Form, XX-XXXX-XX
- 9.3. Kit Completeness Form BARC PRO 012 F1
- 9.4. Process Flow: Processing and Aliquoting Schema

Initiation/Revision History			
Rev #	Description of Change	Author	Effective Date
1.0	Draft	Chris Andry	
2.0	Draft	Liz Duffy, Debbie Stearns-Kurosawa	1/11/2017
2.1	Removal of CBR references and	Liz Duffy	1/17/2017

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	change of vacutainer tube numbers		
3.0	Response to LBR edits	Liz Duffy	2/23/17
3.1	Response to 2 nd round of comments and addition of	Liz Duffy	3/21/17
4.1	Wrong document added to MediaLab (BARC PRO 023), needed to upload this again with new version number	Liz Duffy	4/03/2017

		Thrombosis in Cancer Patients Blood Sample Collection SOP Kit Completeness Form	
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Thrombosis in Cancer Patients Kit Completeness Form. To be completed prior to approaching subject.

BARC ID _____

TCP ID _____

- 9 Pre-labeled blue-top sodium citrate blood tubes
 - Used prior to expiration date
- 1 Pre-labeled purple-top EDTA blood tube
 - Used prior to expiration date
- 39 Pre-labeled self-standing cryovials (minimum for Module 1)
- 6 Pre-labeled 12x75mm test tubes and caps
- Extra labels for conical vials, cryovials and blood tubes as needed

Should a discrepancy be noted, please inform the QM.

Notes:

Signature and Date _____



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TCP ID TCP-00

Blood Collection Instruction

1. The minimum blood volume requirement was met for blood collection as per the SOP:	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Blood Draw Type:	Select One: <input type="checkbox"/> Pre-operative (Pre-anesthesia) <input type="checkbox"/> Healthy donor <input type="checkbox"/> Other – Specify Other Blood Draw Type: _____
3. Was donor seated (rested/stabilized) for at least 5 minutes immediately prior to the blood draw?	Select One and enter the time in minutes: <input type="checkbox"/> Yes Time (Minutes): _____ <input type="checkbox"/> No Time (Minutes): _____	4. Date and Time Blood was drawn: (Start time from the end of the blood drawn for the last tube)	_____/_____/_____ ____:____ (MM/DD/YYYY) HH:MM
5. Blood Draw was performed by:	Select One: <input type="checkbox"/> Consent or Research Analyst/Coordinator <input type="checkbox"/> Nurse <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Unknown <input type="checkbox"/> Other – Specify Role of Other Blood Drawer: _____ Name of Person Who Performed Blood Draw: _____ Name of Secondary Person Who Observed Blood Draw: _____	6. Method of blood collection	<input type="checkbox"/> Venipuncture (Vacutainer Apparatus) <input type="checkbox"/> Venipuncture (Syringe) <input type="checkbox"/> IV Catheter <input type="checkbox"/> Other _____



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7. Needle used	<input type="checkbox"/> Butterfly <input type="checkbox"/> Straight <input type="checkbox"/> Other _____ <input type="checkbox"/> Not applicable	8. Needle gauge	<input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> Other _____ <input type="checkbox"/> Not applicable
9. Blood Source:	<input type="checkbox"/> Fresh Venous Needle Stick <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other site – Specify: _____ <input type="checkbox"/> Other – Specify Other Blood Source: _____	10. Were there any issues or difficulties with the blood draw?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____ _____
11. Blood Collection Comments:			
12. Was Complete Blood Count (CBC) collected from the same blood draw, and recorded for the blood used in the study?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No		



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TCP ID TCP-00

Randomization Key (Optional)			
13. Plasma Randomization Key ID used:		Randomization Key ID: _____	
14. Plasma Randomization Key IDs used, if a second randomization key was used:		Randomization Key ID: _____	
Blood Processing Overview			
15. Temperature in lab when blood was received:	_____ °C	16. Humidity in lab when tube(s) were received:	_____ %
17. Was Clotting observed in a collection tube?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify which Blood Collection Tube ID(s):		
18. Was presence of Gross Hemolysis of Plasma observed after first centrifugation?	Select One: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify which Experimental Module and Blood Collection tube IDs:		



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TCP ID TCP-00

Plasma Aliquot	Blood Collection Tube(s) Source (A-X; Barcodes; or pooled tubes):	Plasma Aliquot Barcode ID:	Plasma Aliquot Volume (uL):	Experimental Module Pre-Analytical Variable	Time Aliquot Frozen for Assay or Storage or Sent to the BMC lab (HH:MM):	Time plasma taken out of the freezer (Date;hh:mm)	Time biomarker assay began (plasma pipetted for the assay)[End of the delay to testing time] (Date;hh:mm)	Time biomarker assayed (result recorded) (Date;hh:mm)	Biomarker assayed	Biomarker Results
Aliquot 61										
Aliquot 62										
Aliquot 63										
Aliquot 64										
Aliquot 65										
Aliquot 66										
Aliquot 67										
Aliquot 68										
Aliquot 69										
Aliquot 70										
Aliquot 71										
Aliquot 72										
Aliquot 73										
Aliquot 74										
Aliquot 75										

Note any deviations from SOP, Processing, or Storage Issues of Plasma samples.

21. Was Blood Processing for Plasma performed in accordance with specified SOP?

Select One:
 Yes
 No
 If No, please complete Deviations Report and Evaluations Report per SOP, and submit to the Leidos (ncleidosbiomedquality@mail.nih.gov)

22. Plasma Processing Comments:

23. Plasma Storage Issues:

**Whole Cell Pellet from Blood Collection Tube
 Details for the fraction remaining when plasma has been removed after first centrifugation (whole cell pellet).**

24. Volume of Whole Cell Pellet fraction:

_____ mL (Volume, approximated by eye)



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25. Enter Information for Each Cryovial Aliquotted. This can be expanded, as necessary, if more whole cell pellet is aliquotted.

	i. Blood Collection Tube Source: (1, 2, 3 etc or Barcode)	ii. Whole Cell Pellet Aliquot Barcode ID:	iii. Whole Cell Pellet Aliquot Volume:	iv. Time Whole Cell Pellet Aliquotted & Frozen for -80°C storage (HH:MM):
Aliquot 1				
Aliquot 2				
Aliquot 3				
Aliquot 4				
Aliquot 5				
Aliquot 6				
Aliquot 7				
Aliquot 8				
Aliquot 9				
Aliquot 10				
Aliquot 11				
Aliquot 12				

26. Whole Cell Pellet Aliquots were processed and moved to storage by:

Note any deviations from SOP, Processing, or Storage Issues of Whole Cell Pellet samples.

27. Whole Cell Pellet Processing was performed in accordance with the specified SOP:

Select One:
 Yes
 No

28. Whole Cell Pellet Processing Comments:

29. Whole Cell Pellet Storage Issues:



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TCP ID TCP-00

x. Conical Centrifuge Tube ID (after 2 nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____mL (<i>Volume, approximated by eye</i>)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	
x. Conical Centrifuge Tube ID (after 2 nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____mL (<i>Volume, approximated by eye</i>)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	
x. Conical Centrifuge Tube ID (after 2 nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____mL (<i>Volume, approximated by eye</i>)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	
x. Conical Centrifuge Tube ID (after 2 nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____mL (<i>Volume, approximated by eye</i>)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	
x. Conical Centrifuge Tube ID (after 2 nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____mL (<i>Volume, approximated by eye</i>)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	



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TCP ID TCP-000

		(HH:MM)	
x. Conical Centrifuge Tube ID (after 2nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____ mL (Volume, approximated by eye)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	
x. Conical Centrifuge Tube ID (after 2nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____ mL (Volume, approximated by eye)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	
x. Conical Centrifuge Tube ID (after 2nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____ mL (Volume, approximated by eye)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	
x. Conical Centrifuge Tube ID (after 2nd centrifugation) [optional]:	xi. Conical Tube Final Plasma Volume[optional]: _____ mL (Volume, approximated by eye)	xii. Time plasma pooled to the Conical tube (2) ____/____/_____ (MM/DD/YYYY) ____:____ (HH:MM)	