Sample Tracking Log

Trial Name:

p __ of __

Patient Initials	DOB	Subject ID No	Sample ID	Sample type *	Collection Date	Collection Time (24hr)	Time Stored (24hr)	Sample Storage Temp	Time Processed (24hr)	Date & Time of Transfer to …… (dd/mm/yy & 24hr)	Staff Initials & date

*Sample type: W = Whole Blood P=Plasma S=Serum T= Tissue U= Urine O= Other please specify

Refer to CCTU/SOP028 Sample Tracking Procedure for Laboratory Samples when completing this log