**Study Title:
IRB #
Principal Investigator: Study contact name:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant ID** | **Date participant provided consent** | **Date sample collected** | **Sample type (e.g., plasma, full blood, urine, tissue, or DNA)** | **Storage location \*** | **Storage period****from:** | **Storage period to:****(Date samples are destroyed)** | **Initials of person collecting the samples** |
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***\**** *Please specify building, department, location and type of storage facility (e.g.,-80°C, 4°C, room temperature, or liquid nitrogen).*