

## BIOSPECIMEN LABEL ID

|            |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| ID NUMBER: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

FORM CODE: **LAB**  
VERSION: **1.0 10/23/2024**

Event: \_\_\_\_\_

0a) Date of Entry:   /   /

0b) Staff Code:

***Instructions:*** Use this form to document the Biospecimen Label ID. This should be completed during the participant's clinic visit using the barcode scanner by scanning the barcode on the biospecimen labels to populate item LAB1 with the Biospecimen Label ID. Please note that this should MATCH the Participant ID.

1) Biospecimen Label ID:

**END OF FORM**