

SPUTOLYSIN LABEL ID FORM

ID NUMBER:	□	□	□	□	□	□	□	□	□
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FORM CODE: **SLY**
 VERSION: 1.0 10/17/2024

Event: _____

Instructions: Use this form to inform which Sputolysin sample by Label ID is collected and stored. This should be entered during the participant's clinic visit for each sample. This form will populate the Sputolysin Sample Shipping Manifest Report that is printed prior to shipment once a box is full.

Label ID	Number of Aliquots
a)	b)
1) <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"/>	<input type="text"/>
2) <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"/>	<input type="text"/>
3) <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"/>	<input type="text"/>
4) <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"/>	<input type="text"/>
5) Shipping Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	6) Staff Code: <input type="text"/> <input type="text"/> <input type="text"/>
7) Box Number: <input type="text"/> <input type="text"/> <input type="text"/>	

END OF FORM