

BIOSPECIMEN LABEL ID FORM

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"/>
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FORM CODE: LAB
VERSION: 1.0 02/24/2021

Event: _____

0a) Date of Entry: / /

0b) Staff Code:

Instructions: Use this form to link the Biospecimen Label ID with the Participant 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 ID. Please note that this should MATCH the Participant ID.

1) Biospecimen Label ID:

END OF FORM