

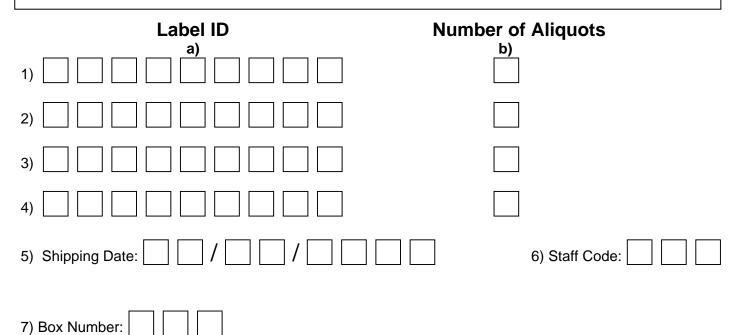
## SPUTOLYSIN LABEL ID FORM

| ID NUMBER: |  |  |  |  |  |  |  |  |  |
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FORM CODE: SLY VERSION: 1.0 03/08/2021

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.



**END OF FORM**