

**Georgia CTSA GCRC  
Core Laboratory Sample Retrieval Form**

Send completed form via e-mail to: [dgulick@emory.edu](mailto:dgulick@emory.edu)

For questions about sample submission, please contact Dalia Arafat Gulick, Research Lab Manager, 404-712-2858, [dgulick@emory.edu](mailto:dgulick@emory.edu)

You will be notified via email when Samples are available to be picked up. Please allow a minimum of 5 working days  
It is the responsibility of the Research Team to make arrangement for Sample Delivery, Results Reporting, and Payment  
with the appropriate Analytical Laboratory

Today's Date: \_\_\_\_\_  
 P.I. Last Name: \_\_\_\_\_  
 Protocol or project #: \_\_\_\_\_  
 Protocol or project name: \_\_\_\_\_  
 IRB #: \_\_\_\_\_

Type of Sample: (check all applicable)	Urine	
	Plasma	
	Serum	
	BuffyCoat	
	Other	

GCRC Site: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_  
 Contact E-mail: \_\_\_\_\_

Dry Ice:	YES	NO
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Comments: \_\_\_\_\_  
 (Please note: dry ice is not provided by GCRC)

# Samples Retrieved: \_\_\_\_\_

Total # of Samples: \_\_\_\_\_

**SAMPLE LIST**

Count	Primary ID	Alt ID	Date of Visit	Visit	# of	Urine	Plasma	Serum	Buffy	Other
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Signature \_\_\_\_\_

Date \_\_\_\_\_

Shipment Box \_\_\_\_\_

Picked Up By \_\_\_\_\_

Date \_\_\_\_\_