PK PROCESSING WORKSHEET EXAMPLE

**Always refer to the protocol specific MOP and LPC for specimen collection, transport, processing, and storage requirements.**

**Section 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Protocol Number: |  | | | | |
| Participant ID (PID): |  | | | | |
| Study Visit / Timepoint: |  | | | | |
| Primary Specimen Type / Additive: |  | | | | |
| Specimen Collection Date and Time: |  | | | | |
| Specimen Transport Conditions  (circle as applicable) | Protected from light | | Specimen Transport Condition | | |
| Yes | No | Ambient | 2-8°C | Frozen |

**Section 2**

|  |  |
| --- | --- |
| Processing Start Date and Time: |  |
| Processing Lab/Site Personnel Initials: |  |
| Centrifuge Serial Number: |  |
| Centrifuge Speed (RCF/xg) & Temperature: |  |
| Centrifugation Duration: |  |

**Section 3**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Specimen Aliquots | | | | | Specimen Storage | | |
| Number | Volume | Derivative | Cryovial | | Date | Time | Temperature |
|  |  |  | Amber | Clear |  |  |  |
|  |  |  | Amber | Clear |  |  |  |
|  |  |  | Amber | Clear |  |  |  |
|  |  |  | Amber | Clear |  |  |  |

**Section 4**

|  |  |  |  |
| --- | --- | --- | --- |
| Comments: |  | | |
| Reviewed by: |  | Date: |  |