

SAMPLE TRANSFER FORM

Please complete this form using black ink.
Please write clearly using **BLOCK** capitals.



Azithromycin Therapy for Chronic Lung Disease

Centre Name

Centre ID

Contact name

Contact Telephone

Contact Email

Date of shipment *dd/mm/yy*

AFFIX DX TRACKING LABEL HERE:

Participant ID										Sample type* (E, N, S)	Time point (B, D5, D10, D14)	Date sample taken (dd/mm/yy)				<u>Cardiff Lab Use Only</u>					
																Date received					
																Sample recoding					
A	Z																				
A	Z																				
A	Z																				
A	Z																				
A	Z																				
A	Z																				

* E= Endotracheal; N= Nasopharyngeal; S= Stool

Once completed please copy and fax to the CTR on 029 2251 9700 or email to AZTECdelivery@Cardiff.ac.uk and keep this in the investigator site file
Enclose the original form with the samples

For Cardiff University Lab use only

Date received *dd/mm/yy*

Date stored *dd/mm/yy*

Logged by

Lab contact details: Dr Lei Zhang, ZhangL14@Cardiff.ac.uk 029 20743927 ; Dr John Lowe, LoweJ3@Cardiff.ac.uk 029 2068 7990