



ANNOTATION FORM - FOLLOWUP

Biobank ID: _____ UHID: _____ IPID: _____ OTHER ID _____

Name: _____ Age: _____ Gender: Male/Female/Others

Height: _____ cm Weight: _____ kg BMI: _____ Waist circumference: _____ cm

Pulse/min: _____ BP (mmHg): _____

Address: _____

_____ Contact no: _____

Final Diagnosis: _____

Project Name: _____

Institution/ Doctor/ PI Name: _____

SAMPLE COLLECTION

Date:		Procedure:	
Types of Tissue/Biopsy:		Collected / Not collected /N.A	Tumour / Diseased / Adjacent Normal Tissue
Date & Time of resection:		Date & Time of receiving in Pathology:	Temperature in which transported:
Collected by: Date/ Time/ Signature		Received by: Date/ Time/ Signature	Pathologist:
Observations:		Received by (biobank): Date/ Time/ Signature	Other remarks:
W.Blood sample (Site of Collection)	Container type	Quantity(mL) Quantity of vial/tube	Collected by: Date/Time/ Name & Signature
Peripheral Vein			
Hepatic Vain			
Pulmonary Artery			
Portal Vain			
Other			
Bone Marrow Tissue			
Bone Marrow Asp.			
URINE (mL)			
STOOL (gm)			
Saliva			
BAL/Ascitic fluid/			
Other:			
*Follow-up sample (Mention: Hour/ Day/ Week/ Month/ Year)			
Final processed sample required: Serum / Plasma / PBMC / RNA / DNA / SNP tissue/ tissue in RNA later/ FFT/ Other			

SIGNATURE

PI/Student/Researcher	Manager, Biobank
_____	_____

