

**Detection of Early lung Cancer Among  
Military Personnel (DECAMP)**

Place Label Here

Institution \_\_\_\_\_ Institution No. \_\_\_\_\_  
Case No. \_\_\_\_\_

**Biospecimen Transmittal Form**

Check the Protocol # this corresponds to:  **4703**  **4704**

**Instructions: This form must be completed and mailed with the all required, optional, and additional specimens upon submission to Boston University. Note: Formalin fixed specimens must be mailed separately and have separate transmittal forms. Please see the 4703 Biospecimen Manual for more details.**

Date Specimens Mailed: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MMM-dd-YYYY

Person Preparing Shipment: \_\_\_\_\_

Kit Barcode:

Person Completing Form: \_\_\_\_\_

*Prefilled with Site # and Kit #*

**Required Biospecimens:**

List each biospecimen individually (i.e., if there are 4 microtubes, they should be listed in 4 separate rows)

Biospecimen Sample	Barcode Sequence #	Check if specimen included	Storage Temp	Did any freeze/thaw occur?	If yes to freeze/thaw, indicate the # times and the length	Comments
Blood Collection- Blood Plasma	7	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Blood Plasma	8	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Blood Plasma	9	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Blood Plasma	10	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Blood Plasma	11	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	

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Blood Collection- Blood Plasma	12	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Serum	19	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Serum	20	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Serum	21	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection-PAXgene	25	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection-PAXgene	26	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection-Streck	28	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection-Streck	29	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection-Streck	30	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	

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Blood Collection-Streck	31	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Bronchial Airway Brushings Collection- <b>Vial A</b>	60	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Bronchial Airway Brushings Collection- <b>Vial B</b>	61	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Bronchial Airway Brushings Collection- <b>Vial C</b>	62	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Bronchial Biopsy Collection- RUL-Fresh Frozen	68	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Bronchial Biopsy Collection- RML-Fresh Frozen	70	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Bronchial Biopsy Collection- LUL-Fresh Frozen	72	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Buccal Epithelium Collection	51	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Nasal Epithelium Collection	54	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	

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Nasal Epithelium Collection	55	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Collection	34	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Collection	35	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Collection	36	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Collection	37	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Collection	38	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Collection	39	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	

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**Optional Biospecimens:**

List each biospecimen individually (i.e., if there are 4 microtubes, they should be listed in 4 separate rows)

Biospecimen Type	Barcode Sequence #	Check if specimen included	Storage Temp	Did any freeze/thaw occur?	If yes to freeze/thaw, indicate the # times and the length	Comments
Blood Collection- Buffy Coat	13	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Buffy Coat	14	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Buffy Coat	15	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Buffy Coat	16	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Buffy Coat	17	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- Buffy Coat	18	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- PBMC	27	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- PBMC	28	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	

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Biospecimen Type	Barcode Sequence #	Check if specimen included	Storage Temp	Did any freeze/thaw occur?	If yes to freeze/thaw, indicate the # times and the length	Comments
Blood Collection- PBMC	29	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- PBMC	30	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Blood Collection- PBMC	31	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Bronchial Airway Brushings Collection- <b>Vial D</b>	63	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Processing for Metabolomics Study	40	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Processing for Metabolomics Study	41	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Processing for Metabolomics Study	42	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Processing for Metabolomics Study	43	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
Urine Processing for Metabolomics Study	44	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	

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Biospecimen Type	Barcode Sequence #	Check if specimen included	Storage Temp	Did any freeze/thaw occur?	If yes to freeze/thaw, indicate the # times and the length	Comments
Urine Processing for Metabolomics Study	45	<input type="checkbox"/>	°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	

**Additional Biospecimens:**

List each biospecimen individually (i.e., if there are 4 microtubes, they should be listed in 4 separate rows).

In the event there more rows are required to record the additional biospecimens, photocopy this page and include with the shipment and your source documents.

Indicate the total # of pages of Additional Specimens: \_\_\_\_\_

Biospecimen Type	Barcode Sequence #	Storage Temp	Did any freeze/thaw occur?	If yes to freeze/thaw, indicate the # times and the length	Comments
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	

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Biospecimen Type	Barcode Sequence #	Storage Temp	Did any freeze/thaw occur?	If yes to freeze/thaw, indicate the # times and the length	Comments
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	
		°C	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	Total # Times: _____ Length of Each Time (list each time separately): _____	