

*UCSF Clinical Toxicology and Environmental Biomonitoring Lab*

**Protocol for Sample Collection and Shipping**

**A. Sample types to collect:** Any left-over serum (preferred), plasma, whole blood, or urine.

**B. Minimum sample volume:** 0.5 mL for serum or plasma; 1 mL for whole blood, 1 mL for urine.

**C. Sample Shipping:**

1. For serum, plasma, or urine please ship on dry ice using **FEDEX or UPS ONLY**.
2. For whole blood, please spin down and remove plasma for shipping. If it cannot be spun, please ship whole blood on ice. Otherwise ship plasma collected as above.
3. Prepare a manifest of the samples being shipped and include the manifest in the shipment.
4. Please ship the samples **OVERNIGHT SUNDAY THROUGH THURSDAY** using the following address:

**ATTN: Roy Gerona**  
**UCSF Mt Zion Cancer Research Bldg, Rm S-271**  
**2340 Sutter St**  
**San Francisco, CA 94115**  
**Lab Tel #: 415-502-1446**  
**Office Tel #: 415-476-6255**

5. Please **DO NOT SHIP on a Friday or Saturday**.

**D. Sample Labeling Format:** Each sample should be properly labeled using the following format-**190325-CA-94115-001-S1** - where

**190325**- Date of sample collection (YYMMDD)

**CA**- State of sample source

**94115**- ZIP Code of sample source

**001**-Patient number from source

**S1**- Sample type and number for the sample type from the patient (use S for serum, P for plasma and WB for whole blood)

**E. Sample Manifest:**

1. In a separate sheet of paper please provide the following and include in the shipment-

**Sample Source:** (Hospital Name/City/State/ZIP Code)

**Date:**

**Contact Person:**

**Contact Phone:**

**Contact Email:**

**List of Samples**

Sample ID	Patient/ Decedent		Sample Type (S, P or WB)	Sample Collection	
	Gender	Age		Date	Hour

NOTE: Please **DO NOT include any patient/decedent identifier** besides gender and age in the manifest.

2. Please affix the signature over printed name of the contact person at the bottom of the manifest.

**F. Tracking:**

Once samples are shipped, email the tracking information to [DEATOX@USDOJ.GOV](mailto:DEATOX@USDOJ.GOV)

**G. Chain of Custody**

If needed, include a chain of custody form within the package.