Storage Box Sample Location Log

This template should be used in conjunction with R&D/S94

**IT IS THE RESPONSIBILITY OF ALL USERS OF THIS SOP TO ENSURE THAT THE CORRECT VERSION IS BEING USED**

All staff should regularly check the R&D Unit’s website and/or Q-Pulse for information relating to the implementation of new or revised versions. Staff must ensure that they are adequately trained in the new procedure and must make sure that all copies of superseded versions are promptly withdrawn from use unless notified otherwise by the SOP Controller.

The definitive versions of all R&D Unit SOPs appear online. If you are reading this in printed form check that the version number and date below is the most recent one as shown on the R&D Unit website: www.research.yorkhospitals.nhs.uk/sops-and-guidance-/ and/or Q-Pulse

|  |  |
| --- | --- |
| SOP Reference: | R&D/T60 |
| Version Number: | 2.0 |
| Author: | Laura Jeffery |
| Implementation date of current version: | 12th August 2019 |

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| --- | --- | --- |
| Approved by: | Name/Position: | Lydia Harris, Head of R&D |
| Signature: | Signed copy held by R&D Unit |
| Date: | 15th July 2019 |
|  | Name/Position: | Sarah Sheath, SOP Controller |
|  | Signature: | Signed copy held by R&D Unit |
|  | Date: | 15th July 2019 |

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| This SOP will normally be reviewed at least every 3 years unless changes to the legislation require otherwise |

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

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| --- | --- | --- |
| Version | **Date Implemented** | **Details of significant changes** |
| 1.0 | 18th January 2018 |  |
| 2.0 | 12th August 2019 | Shipping information on form. Change of link to R&D website. |
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**Storage Box Sample Location Log 10x10**

Clinical Trial:………………………………………

Storage Box Name/Number:……………………

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y YY | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |

Trial ID **ID**

Visit Number **V**

Date of Sampling **D**

Sample Type **T**

Temperature **Frozen/Ambient/Cold**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of shipment | Temperature of Shipment | WAYBILL/Reference No. | Sample(s) shipped by (initial) | |
| DD/MM/Y Y |  |  | |  | |

**Storage Box Sample Location Log 9x9**

Clinical Trial:………………………………………

Storage Box Name/Number:……………………

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |

Trial ID **ID**

Visit Number **V**

Date of Sampling **D**

Sample Type **T**

Temperature  **Frozen/Ambient/Cold**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of shipment | Temperature of Shipment | WAYBILL/Reference No. | Sample(s) shipped by (initial) |
| DD/MM/Y Y |  |  |  | |

**Storage Box Sample Location Log 7x7**

Clinical Trial:………………………………………

Storage Box Name/Number:……………………

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |

Trial ID **ID**

Visit Number **V**

Date of Sampling **D**

Sample Type **T**

Temperature **Frozen/Ambient/Cold**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of shipment | Temperature of Shipment | WAYBILL/Reference No. | Sample(s) shipped by (initial) |
| DD/MM/Y Y |  |  |  | |

**Storage Box Sample Location Log 5x5**

Clinical Trial:………………………………………

Storage Box Name/Number:……………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |
| ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y | ID:  V:  D:DD/MM/Y  T:Y |

Trial ID **ID**

Visit Number **V**

Date of Sampling **D**

Sample Type **T**

Temperature **Frozen/Ambient/Cold**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of shipment | Temperature of Shipment | WAYBILL/Reference No. | Sample(s) shipped by (initial) |
| DD/MM/Y Y |  |  |  | |