

# University of Minnesota Health Clinical Research Unit (CRU)

## Specimen Processing Instructions

Prepared by: **xxxxx**  
Original Date: **xxxxx**

Revised Date:

**CTSI Protocol # **xxxxx****

### Study Contact Information:

**PI:** Contact Information  
**CRC:** Contact Information  
**Alternate MD:** Contact Information

### Please check all that apply: (double click box to mark)

- CRU will supply all blood tubes, urine cups/tubes and processing tubes.
- CRU will supply all specimen labels.
- CRU will ship.
- Study staff will supply all blood tubes, urine cups/tubes and processing tubes.
- Study staff will supply all specimen labels.
- Other:

Type of tube	Test	Visit Name	Processing Instructions	Storage/Packaging Instructions
xmL xx top tube	eg Saved Serum	eg V1, V5, V9	<ul style="list-style-type: none"> <li>• Add detailed processing instructions here, including spin time, speed, and temperature.</li> <li>• Please be specific in number of aliquots expected and/or volume of serum/plasma.</li> </ul>	<ul style="list-style-type: none"> <li>• Add details here re: Refrigerator vs -20 vs -80</li> </ul>

**University of Minnesota Health  
Clinical Research Unit (CRU)**

**Specimen Processing Instructions**

Prepared by: **xxxxx**

Original Date: **xxxxx**

Revised Date:

**CTSI Protocol # **xxxxx****

--	--	--	--	--

Type of tube	Test	Visit Name	Processing Instructions	Storage/Packaging Instructions