BLS Custodial Freezer Storage APPLICATION Form

Date:

Study Title:

Study PI:

Study Start Date:

Study End Date:

Study Contact:

Study Contact E-mail/Phone:

CTSI Project # (if already registered):

**EFS Chart String:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fund | Deptid | Program | Project | CF1 | CF2 | Fin Emplid | Start | End |
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**Sample Information:**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Sample Type | Tube Size (height, diameter) | Total # Tubes | Do labels contain patient identifiers? | Are tubes already organized in cryoboxes? Qty of boxes? | Required storage temperature | Estimated sample add frequency | Estimated sample retrieval frequency |
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|  |  |  |  |  |  |  |  |

**Will you need to pull whole boxes or individual samples?**

**Where specimens are stored now (if they exist):**

Please e-mail form to [pham0435@umn.edu](mailto:cdrifka@umn.edu) and [colga007@umn.edu](mailto:colga007@umn.edu)