

**CANCER CONTROL AND PSYCHONEUROIMMUNOLOGY LABORATORY**

**Lab Director: Dr. Michelle Janelins**

**Information Needed for Blood Processing**

Provide information below with blood samples processed in the CCPL Lab						
<b>STUDY TITLE</b>						
<b>COORDINATOR NAME &amp; PHONE #</b>						
<b>SUBJECT ID</b>						
<b>ASSESSMENT # OR NAME</b>						
<b>COLLECTION DATE &amp; TIME</b>						
<b>NUMBER OF TUBES TO BE PROCESSED</b>	<b>Red</b>	<b>Lavender</b>	<b>Green</b>	<b>Blue</b>	<b>Gold</b>	<b>Other</b>
			<input type="checkbox"/> PBMC <input type="checkbox"/> BCAA			
<b>BLOOD COLLECTION NOTES</b> <b>(Describe any deviations from protocol)</b>						