Engle Lab Use Only Ped ID

SAMPLE SUBMISSION FORM | ENGLE LAB

Proband/Family Last Name/LOCAL CODE:________________________________ **Proband / Index Diagnosis:**________________________________

Enrolled/Referred by:____________________ | ____________________ | ____________________ **Date Packet SENT:**__________

Researcher/Health Care Provider Name | Office Phone Number | Institution/Hospital | Month/Day/Year

Per IRB regulations, for families signing BCH consent forms, Engle lab staff must consent family; this can be done by phone as travel to Boston Children's Hospital is not required.

Is English the first language for family? Y N If N, is an interpreter usually used for medical discussions? Y N If Y, name of interpreter:____________________

Name of person(s) providing consent for minor participant(s):____________________ **Relationship to minor participants**____________________

Identifiable Family Contact Information: ____________________ | ____________________ | ____________________

Phone | Email | Full Postal Mailing Address including Street, City, State and Zip

Given Name/Code (s)	**Gender** *(circle)*	**Local Code** *If applicable*	**Birth Date** *month/day/year*	**Age**	**Affected**	**Informed Consent Obtained**	**DATE Sample Obtained** *month/day/year*	**Sample Type**	***Engle Lab Use Only***	
Proband/Index	**M F**				**Y N**	**Y N**		**☐ Blood ☐ DNA ☐ Saliva ☐Other**	**☐ # Tubes _____ Vol: ________**	**Code:**
Father	M				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Mother	F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Sibling	M F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Sibling	M F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Sibling	M F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Sibling	M F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Other (specify relation to proband)	M F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Other (specify relation to proband)	M F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Other (specify relation to proband)	M F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:
Other (specify relation to proband)	M F				Y N	Y N		☐ Blood ☐ DNA ☐ Saliva ☐Other	☐ # Tubes _____ Vol: ________	Code:

Engle Lab Use Only

Samples rc'd on ____________________ **at**__________ **Cell Lines: n/a If Yes: Samples**__________ **sent to cell line facility on** __________

DATE | TIME | DATE

Samples reconciled & added to Progeny on __________ **by**____________________ **Samples delivered to lab on**__________

DATE | FIRST INITIAL, LAST NAME | DATE