REQUEST FOR RESEARCH SAMPLE DRAW – WALSH LAB



The individual noted below and/or their parent/guardian has consented to research participation in protocol **05-05-076R Genetics of Epilepsy and Cognitive Disorders** at Boston Children's Hospital.

- > Please draw blood using ACD-A yellow top tubes
- TUBES ARE/SHOULD BE LABELED WITH THE PARTICIPANT NAME AND DATE OF BIRTH
- Maintain at room temperature after the draw
- Please do not draw blood or send samples on Fridays, as the lab is not able to receive packages over the weekend
- For persons weighing 12 lbs (5.5 kg) or more, please draw 2 tubes for a total of 16 mL blood, placing the first 8 mL in one tube and the remainder in the second tube
- For persons weighing 8 12 lbs (3.5 5.5 kg), please draw 8 mL blood in 1 tube
- For some participants there might also be a request for 5-10 mL in another type of collection tube

| Research Participant Information |
|--------------------------------------|
| NAME: |
| DATE OF BIRTH: / / Month Day Year |

Shipping and Handling Instructions

★NO PROCESSING NEEDED ★ MAINTAIN SAMPLES AT ROOM TEMPERATURE

Once drawn, place the blood tubes in the Styrofoam box, close with elastic band and seal inside the biohazard bag. Place this sheet in the side pocket of the biohazard bag. Place the sealed biohazard bag and any study paperwork (refer to enrollment check list) in FedEx packaging and send at room temperature by overnight FedEx courier using the return label provided.

Shipping address:Attention: Genetic CounselorThe Walsh Lab, Boston Children's Hospital3 Blackfan Street, CLS-15064Boston, MA 02115

If you have questions, please contact the study coordinators:

Phone: 1-617-919-4795 Email: walshresearch@childrens.harvard.edu

Thank you for your assistance.

