

Bench to Bassinet
Pediatric Cardiac Genomics Consortium: CHD GENES
Form 135: Cardiac Tissue Sample Collection
Version: B - 09/21/2011

SECTION A: ADMINISTRATIVE INFORMATION

A1. Study Identification Number:

SECTION B: Cardiac Tissue Collection and Storage Information

B1. Consent Date for Cardiac Tissue Collection: MM/DD/YYYY

B2. Did you collect tissue from an Atrial Septal Defect repair or Tissue from an Atrial Septal Defect repair
tissue from another heart surgery that would otherwise Tissue from another heart surgery that
have been discarded? would otherwise have been discarded

B3. CHD GENES Tissue ID:

B4. Cardiac Tissue Collection Date: MM/DD/YYYY

B5. Total number of tube(s) recorded on this form:

a. Tubetop #	b. Tissue collected from which location?	c. If Other, specify:
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: Please label each tube with the CHD GENES Tissue ID and tube number.

B6. How was the sample processed and stored? Frozen in liquid Nitrogen
 RNAlater

B7. Was the sample stored at -80 C? Yes
 No

B8. Comments or special instructions:

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