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 another heart surgery that would otherwise have been discarded?

- ○ Tissue from an Atrial Septal Defect repair
- ○ Tissue from another heart surgery that 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:

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: