

SAMPLE FORM

RegiSCAR: severe cutaneous adverse reactions

SAMPLE FOR RESEARCH PURPOSES

*Reserved for the service of reception and treatment of biological samples***RECEPTION**

Date : _/ _/ _/ _/ _/ _/

Time : _/ _/ _/ _/

*Please fill in all information requested below***DONOR IDENTIFICATION**Interview no : Case Control **SAMPLING**

Date : _/ _/ _/ _/ _/ _/

Time : _/ _/ _/ _/

Type of sample	Number of tubes	Total volume	Notes
<input type="checkbox"/> blood with EDTA			
<input type="checkbox"/> blood with heparin			
<input type="checkbox"/> blood without anticoagulant			
<input type="checkbox"/> blister fluid			

SHIPMENT

Date : _/ _/ _/ _/ _/ _/

Dispatched by : *name of the courier***CENTER TAKING THE SAMPLE**

Hospital / Department :

Address :

Telephone :

Fax :

*Reserved to the investigator***I assure that I received the informed consent from the donor.**

Name :

Signature :