



**Penn Human Immunology Core**

**Blood/Tissue Sample Scheduling Form**

On Thursday or Friday of the week **before** you anticipate sample collection, please fill in this form, then email it to Dr. Honghong Sun ([hsun2@pennmedicine.upenn.edu](mailto:hsun2@pennmedicine.upenn.edu)). The HIC will add your samples to our schedule for processing on the desired date.

HIC project ID: _____ PI: _____ UPCC: _____				
Notes**	Subject ID	Time point (if relevant to the study)	Date/time of anticipated blood draw (patient appointment time) or sample collection	Date/time of anticipated delivery to the HIC (SCL 412)

\*\* Information such as blood collection tube type (e.g. EDTA tube or lavender tube) or sample type if not blood (e.g. biopsy).

**Questions about sample scheduling?** Please email Dr. Honghong Sun at [hsun2@pennmedicine.upenn.edu](mailto:hsun2@pennmedicine.upenn.edu) or call her office at 215-573-7389.