

Data Entry Done

Participant ID

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**HAPO FOLLOW-UP STUDY
SINGLE BLOOD DRAW SAMPLE PROCESSING FORM - MOTHER**

Processing	
1. HAPO staff ID of person processing these specimens: _____	
2. Were glucose, A1c and any DNA samples received on ice? CHECK ONLY ONE BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Were all samples processed according to HAPO protocol? CHECK ONLY ONE BOX	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If Yes, SKIP to Question 4.)</i>	
a. How many aliquots (yellow top cryovials, Bar-code label 700) were made from the glucose sample (Grey top, Bar-code label 700)? CHECK ONLY ONE BOX	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
b. How many aliquots (green top cryovials, Bar-code label 701) were made from the insulin/C-peptide sample (Red top, Bar-code label 701)? CHECK ONLY ONE BOX	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
c. How many aliquots (clear top cryovials, Bar-code label 702) were made from the lipids sample (Red top, Bar-code label 702)? CHECK ONLY ONE BOX	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
d. How many aliquots (blue top cryovials, Bar-code label 703) were made from the storage sample (Red top, Bar-code label 703)? CHECK ONLY ONE BOX	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2

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<p>e. How many aliquots (red top cryovials, Bar-code label 705) were made from the A1c sample (Purple top, Bar-code label 705)? CHECK ONLY ONE BOX</p>		<p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p>f. How many aliquots (orange top cryovials, Bar-code label 706) were made from the urine sample (Specimen cup, Bar-code label 706)? CHECK ONLY ONE BOX</p>		<p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p>4. Time samples were separated or aliquotted (use 24-hour clock):</p>		<p>___ : ___</p>
<p>5. Date samples were separated or aliquotted: ENTER YEAR, MONTH, AND DAY</p>		<p>201__ / __ / __ Year Mo Day</p>
Form Completion		
<p>6. HAPO staff ID of person completing form:</p>		<p>_____</p>
<p>7. HAPO staff ID of person entering data into Data Entry System:</p>		<p>_____</p>