

Data Entry Done

Participant ID

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

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 600) were made from the glucose sample (Grey top, Bar-code label 600)? 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 601) were made from the insulin/C-peptide sample (Red top, Bar-code label 601)? 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 602) were made from the hsCRP and lipids sample (Red top, Bar-code label 602)? 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 603) were made from the storage sample (Red top, Bar-code label 603)? 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 605) were made from the A1c sample (Purple top, Bar-code label 605)? CHECK ONLY ONE BOX</p>	
<input type="checkbox"/>	0
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<p>f. How many aliquots (orange top cryovials, Bar-code label 606) were made from the urine sample (Specimen cup, Bar-code label 606)? CHECK ONLY ONE BOX</p>	
<input type="checkbox"/>	0
<input type="checkbox"/>	1
<input type="checkbox"/>	2
<p>4. Time samples were separated or aliquotted (use 24-hour clock): ___ : ___</p>	
<p>5. Date samples were separated or aliquotted: ENTER YEAR, MONTH, AND DAY</p>	
<p>201 ___ / ___ / ___ Year Mo Day</p>	
<p style="text-align: center;">Form Completion</p>	
<p>6. HAPO staff ID of person completing form: _____</p>	
<p>7. HAPO staff ID of person entering data into Data Entry System: _____</p>	