



*Genetics of Kidneys in Diabetes Study*

October 15, 2002  
Form 204.5GK  
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## Supply Reorder Form

Clinic Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Study Coordinator: \_\_\_\_\_

Date Ordered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Study Coordinator:

Please use this form to reorder study supplies. FAX it to the attention of Seeta Gowda at 301-881-4471. You should allow 1-2 weeks for us to process and ship your request, so please plan ahead! Also, please reorder forms by packs (25 per pack), except Death Notices (10 forms per order).

### ITEM

### QUANTITY

GoKinD Directory \_\_\_\_\_

GoKinD Pre-Addressed Envelopes \_\_\_\_\_

GoKinD Manual of Operations \_\_\_\_\_

GoKinD Labels (for blood/urine collection tubes) \_\_\_\_\_

GoKinD Protocol \_\_\_\_\_

Patient Brochures (English) \_\_\_\_\_

Patient Brochures (Spanish) \_\_\_\_\_

8½ X 11 Color Flyer (English) \_\_\_\_\_

8½ X 11 Color Flyer (French) \_\_\_\_\_

Point-of-Purchase Display Board \_\_\_\_\_

Point-of-Purchase Extra Tear-Off Packets \_\_\_\_\_

Print Public Service Announcements \_\_\_\_\_

Refrigerator Magnets \_\_\_\_\_

Study Reference Cards \_\_\_\_\_

Tape Measure \_\_\_\_\_

### Forms:

200	_____	210	_____	221	_____	225	_____	229	_____
202	_____	211	_____	222	_____	226	_____	230	_____
203	_____	212	_____	223	_____	227	_____		
207	_____	220	_____	224	_____	228	_____		