Site Number: __ __ __ __ Participant ID: __ __ __ __ - __ 3-Letter ID: __ __ __

A. COLLECTION INFORMATION (REFER TO INSTRUCTIONS ON BACK OF FORM)

1. Date specimen collected: __ __ / __ __ / __ __ __ __ (MM / DD / YYYY)

2. For which visit, in the study sequence, is this form being completed? *(check one)*

☐ 1	Screening	☐ 7	Month 2	☐ 11	Month 6	☐ 15	Month 10	☐ 23	Month 18
☐ 2	Baseline	☐ 8	Month 3	☐ 12	Month 7	☐ 16	Month 11	☐ 26	Month 21
☐ 4	Week 2	☐ 9	Month 4	☐ 13	Month 8	☐ 17	Month 12	☐ 29	Month 24
☐ 6	Week 4	☐ 10	Month 5	☐ 14	Month 9	☐ 20	Month 15	☐ 99	Other

3. If sample drawn at site other than primary study site, indicate Site Number for reimbursement: __ __ __ __

NOTE: *Site Number **must** correspond to a TrialNet Clinical Center, Affiliate, or Participating Physician*

B. SPECIMEN INFORMATION

1. Indicate analyses required: a. ☐ 1 EBV PCR b. ☐ 1 CMV PCR

2. Place VIRVL Barcode Label Here

3. Place QC Barcode Label Here

Is this STF for a Split Duplicate Specimen?

☐ SPLIT DUPLICATE (check here)

C. SHIPPING INFORMATION (REFER TO INSTRUCTIONS ON BACK OF FORM)

1. Shipped By Name: _____ 2. Phone #: (__ __ __) __ __ __ - __ __ __ __

3. Date Shipped: __ __ / __ __ / __ __ __ __ (MM / DD / YYYY) 4. Comments: _____

D. For TrialNet Core Lab Use Only

Sample Received? Y N Date Received: __ __ / __ __ / __ __ __ __ (MM / DD / YYYY) **Place Lab Barcode Label Here**

Comments: _____

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*

White Copy – Send to TrialNet Coordinating Center **Yellow Copy** – Place in outside sleeve of the biohazard Ziploc bag
Pink Copy – Retain at site

Site Number: __ __ __ __ Participant ID: __ __ __ __ - __ 3-Letter ID: __ __ __

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B. SPECIMEN INFORMATION

1. Indicate analyses required: a. ☐ 1 EBV PCR b. ☐ 1 CMV PCR

3. Place VIRVL Barcode Label Here:

FNm: _ _ _
Date:
TNet VIRVL A
XXXXXXXX

[redacted]

C. SHIPPING INFORMATION (REFER TO INSTRUCTIONS ON BACK OF FORM)

1. Shipped By Name: _____ 2. Phone #: (__ __ __) __ __ __ - __ __ __ __

3. Date Shipped: __ __ / __ __ / __ __ __ __ (MM / DD / YYYY) 4. Comments: _____

D. For TrialNet Core Lab Use Only

Sample Received? Y N Date Received: __ __ / __ __ / __ __ __ __ (MM / DD / YYYY) **Place Lab Barcode Label Here**

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