

Site Number: \_\_\_\_\_

Participant ID: \_\_\_\_\_ - \_\_\_\_\_

3-Letter ID: \_\_\_\_\_

## A. COLLECTION INFORMATION

1. Date specimen collected:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

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

- |                                      |                                     |                                      |                                      |                                   |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 Screening | <input type="checkbox"/> 7 Month 2  | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 31 Month 30 | <input type="checkbox"/> 99 Other |
| <input type="checkbox"/> 2 Baseline  | <input type="checkbox"/> 8 Month 3  | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 32 Month 36 |                                   |
| <input type="checkbox"/> 4 Week 2    | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 29 Month 24 | <input type="checkbox"/> 33 Month 42 |                                   |
| <input type="checkbox"/> 6 Week 4    | <input type="checkbox"/> 14 Month 9 | <input type="checkbox"/> 30 Month 27 | <input type="checkbox"/> 34 Month 48 |                                   |

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. Place CHEM Barcode Label Here: 2. Place QC Barcode Label Here:



Is this STF for a Split Duplicate Specimen?

☐

SPLIT DUPLICATE  
(check here)

## C. SHIPPING INFORMATION

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).

Site Number: \_\_\_\_\_

Participant ID: \_\_\_\_\_ - \_\_\_\_\_

3-Letter ID: \_\_\_\_\_

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MM DD YYYY

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| <input type="checkbox"/> 2 Baseline  | <input type="checkbox"/> 8 Month 3  | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 32 Month 36 |                                   |
| <input type="checkbox"/> 4 Week 2    | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 29 Month 24 | <input type="checkbox"/> 33 Month 42 |                                   |
| <input type="checkbox"/> 6 Week 4    | <input type="checkbox"/> 14 Month 9 | <input type="checkbox"/> 30 Month 27 | <input type="checkbox"/> 34 Month 48 |                                   |

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. Place CHEM barcode label here:



## C. SHIPPING INFORMATION

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

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MM DD YYYY

Place Lab Barcode Label Here

Comments: \_\_\_\_\_

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1. Place CHEM Barcode Label Here: 2. Place QC Barcode Label Here:



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☐

SPLIT DUPLICATE  
(check here)

## C. SHIPPING INFORMATION

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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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