MMF-DZB Study
AUTOANTIBODIES SPECIMEN TRANSMITTAL FORM

Form MMF99AA
March 9, 2007
Ver. 2.0
Page 1 of 1

Type 1 Diabetes TrialNet

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

A. COLLECTION INFORMATION (SEE 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	☐ 6 Week 4	☐ 11 Month 6	☐ 17 Month 12	☐ 29 Month 24
☐ 2 Baseline	☐ 8 Month 3	☐ 14 Month 9	☐ 23 Month 18	☐ 99 Other

B. SPECIMEN INFORMATION

1. How is the specimen being shipped?   ☐ 1 Frozen   ☐ 2 Unfrozen

2. How was the specimen stored prior to shipping?   ☐ 1 Frozen   ☐ 2 Unfrozen

3. Place BAA Barcode Label Here: 4. Place QC Barcode Label Here:

Date: TNet BAA A XXXXXXXX   Date: TNet BAA A XXXXXXXX

Is this STF for a Split Duplicate Specimen?

☐ SPLIT DUPLICATE (check here)

C. SHIPPING INFORMATION (SEE INSTRUCTIONS ON BACK OF FORM)

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

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

D. For TrialNet Core Lab Use Only

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

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).*

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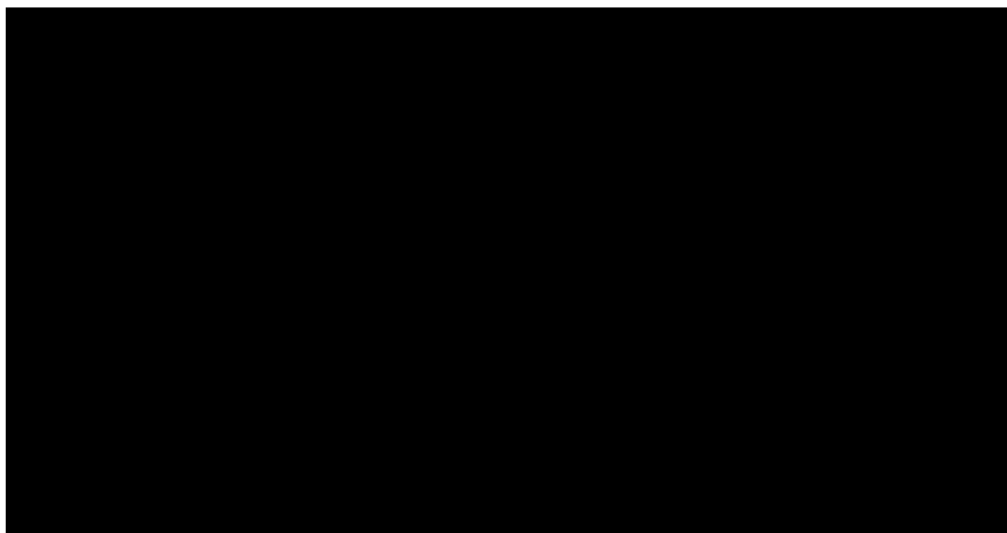## B. SPECIMEN INFORMATION

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3. Place BAA barcode label here:

Date: ___   TNet BAA A   XXXXXXXX

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   MM   DD   YYYY

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