

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).*

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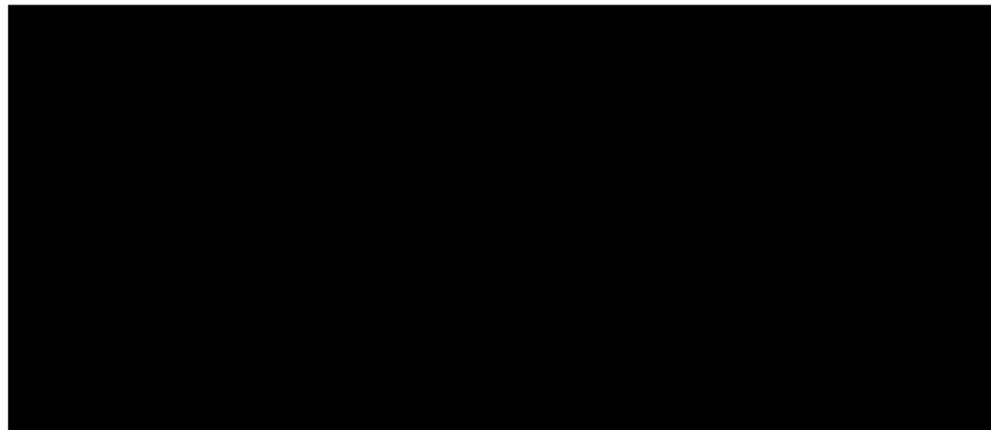
- | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
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| <input type="checkbox"/> 2 Baseline | <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 | |

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B. SPECIMEN INFORMATION

1. Place CHEM barcode label here:



C. SHIPPING INFORMATION

1. Shipped By Name: _____

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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: _____

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SPLIT DUPLICATE
(check here)

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MM DD YYYY

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Sample Received? Y N

Date Received: ____/____/____
MM DD YYYY

Place Lab Barcode Label Here

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