

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*)

- |                                      |                                     |                                      |                                      |                                      |                                      |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Screening | <input type="checkbox"/> 9 Month 4  | <input type="checkbox"/> 14 Month 9  | <input type="checkbox"/> 19 Month 14 | <input type="checkbox"/> 24 Month 19 | <input type="checkbox"/> 29 Month 24 |
| <input type="checkbox"/> 2 Baseline  | <input type="checkbox"/> 10 Month 5 | <input type="checkbox"/> 15 Month 10 | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 25 Month 20 | <input type="checkbox"/> 99 Other    |
| <input type="checkbox"/> 6 Week 4    | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 16 Month 11 | <input type="checkbox"/> 21 Month 16 | <input type="checkbox"/> 26 Month 21 |                                      |
| <input type="checkbox"/> 7 Month 2   | <input type="checkbox"/> 12 Month 7 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 22 Month 17 | <input type="checkbox"/> 27 Month 22 |                                      |
| <input type="checkbox"/> 8 Month 3   | <input type="checkbox"/> 13 Month 8 | <input type="checkbox"/> 18 Month 13 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 28 Month 23 |                                      |

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. <input type="checkbox"/> 1 EBV Serology       | c. <input type="checkbox"/> 3 CMV Serology     | e. <input type="checkbox"/> 5 Varicella Serology |
| b. <input type="checkbox"/> 2 Viral Flu Serology | d. <input type="checkbox"/> 4 Rubella Serology |  |

2. Place VIRST 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).*

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*)

- |                                      |                                     |                                      |                                      |                                      |                                      |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Screening | <input type="checkbox"/> 9 Month 4  | <input type="checkbox"/> 14 Month 9  | <input type="checkbox"/> 19 Month 14 | <input type="checkbox"/> 24 Month 19 | <input type="checkbox"/> 29 Month 24 |
| <input type="checkbox"/> 2 Baseline  | <input type="checkbox"/> 10 Month 5 | <input type="checkbox"/> 15 Month 10 | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 25 Month 20 | <input type="checkbox"/> 99 Other    |
| <input type="checkbox"/> 6 Week 4    | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 16 Month 11 | <input type="checkbox"/> 21 Month 16 | <input type="checkbox"/> 26 Month 21 |                                      |
| <input type="checkbox"/> 7 Month 2   | <input type="checkbox"/> 12 Month 7 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 22 Month 17 | <input type="checkbox"/> 27 Month 22 |                                      |
| <input type="checkbox"/> 8 Month 3   | <input type="checkbox"/> 13 Month 8 | <input type="checkbox"/> 18 Month 13 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 28 Month 23 |                                      |

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

\_\_\_\_\_

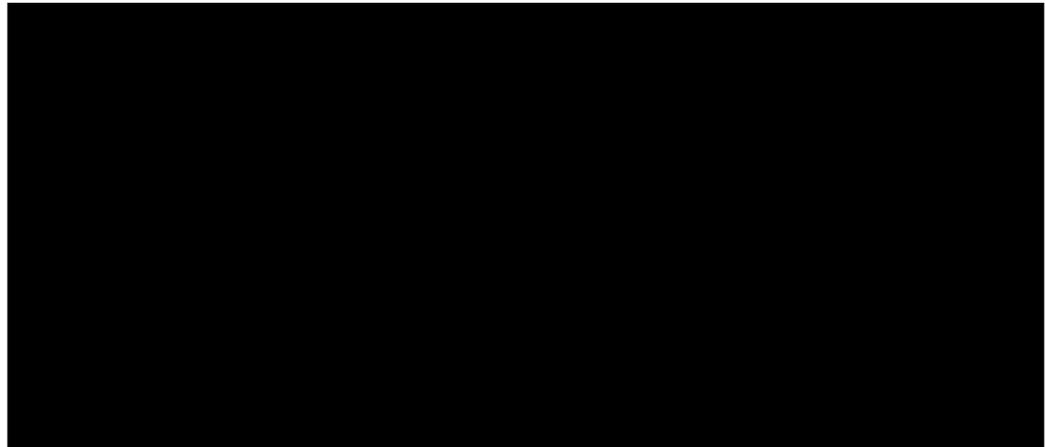
*NOTE: Site Number must correspond to a TrialNet Clinical Center, Affiliate, or Participating Physician*

**B. SPECIMEN INFORMATION**

1. Indicate analyses required:

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|--|--|--|
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| b. <input type="checkbox"/> 2 Viral Flu Serology | d. <input type="checkbox"/> 4 Rubella Serology |  |

2. Place VIRST barcode label 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: \_\_\_\_\_

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MM      DD      YYYY

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- |                                      |                                     |                                      |                                      |                                      |                                      |
|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
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| <input type="checkbox"/> 8 Month 3   | <input type="checkbox"/> 13 Month 8 | <input type="checkbox"/> 18 Month 13 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 28 Month 23 |                                      |

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(check here)

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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

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