

Site Number: \_\_\_\_\_ Participant ID: \_\_\_\_\_ - \_\_\_\_\_

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

## A. COLLECTION INFORMATION (SEE INSTRUCTIONS ON BACK OF FORM)

1. Date specimen collected:

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

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

☐ 8

Month 3

☐ 17

Month 12

☐ 31

Month 30

☐ 33

Month 42

☐ 99

Other

☐ 11

Month 6

☐ 23

Month 18

☐ 32

Month 36

☐ 34

Month 48

## B. SPECIMEN INFORMATION

1. Participant Height:

\_\_\_\_ cm or

\_\_\_\_.\_\_\_\_ in

2. Participant Weight:

\_\_\_\_.\_\_\_\_ kg or

\_\_\_\_.\_\_\_\_ lb

3. BOOST Drink (6 ml/kg, up to 360 ml)

\*\*Perform calculations on back

\_\_\_\_ ml

4. MMTT start time: (24-hour clock)

\_\_\_\_:\_\_\_\_

5. Test completed?

Y N

6. Number of samples enclosed:

\_\_\_\_

a. If NO, specify reason:

\_\_\_\_\_

	Sample Time (min)	a. Draw Time (24-hour clock)	b. Glucose Sample Collected?	c. C-Peptide Sample Collected?	d. Comments
7.	-10	____:____	Y N	Y N	_____
8.	0	____:____	Y N	Y N	_____
9.	15	____:____	Y N	Y N	_____
10.	30	____:____	Y N	Y N	_____
11.	60	____:____	Y N	Y N	_____
12.	90	____:____	Y N	Y N	_____
13.	120	____:____	Y N	Y N	_____

14. Technician Name:

\_\_\_\_\_

15. Certification Number:

TT-\_\_\_\_

16. Place MMT2 Barcode Label Here: 17. Place QC Barcode Label Here:



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:

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

4. 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

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12.	90	____:____	Y N	Y N	_____
13.	120	____:____	Y N	Y N	_____

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15. Certification Number:

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