

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

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

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

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

1. Date specimen collected (e.g. 05/Sep/2005):

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

2. Study visit: (check one)

1 Screening     18 Month 12     29 Month 24     99 Other

**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.	150	____:____	Y N	Y N	_____
15.	180	____:____	Y N	Y N	_____
16.	210	____:____	Y N	Y N	_____
17.	240	____:____	Y N	Y N	_____

18. Technician Name: \_\_\_\_\_

19. Certification: TT- \_\_\_\_\_

20. Place MMT4 Barcode Label Here:    21. 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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    4. Comments: \_\_\_\_\_  
MM DD YYYY

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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