

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)

- |                                      |                                      |                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Screening | <input type="checkbox"/> 14 Month 9  | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 31 Month 30 | <input type="checkbox"/> 34 Month 48 |
| <input type="checkbox"/> 8 Month 3   | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 26 Month 21 | <input type="checkbox"/> 32 Month 36 | <input type="checkbox"/> 99 Other    |
| <input type="checkbox"/> 11 Month 6  | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 29 Month 24 | <input type="checkbox"/> 33 Month 42 |                                      |

**B. SPECIMEN INFORMATION**

1. Place HbA1c Barcode Label Here:      2. Place QC Barcode Label Here:

FNm: \_\_\_\_  
Date: \_\_\_\_  
TNet HbA1cA  
XXXXXXXXXX

FNm: \_\_\_\_  
Date: \_\_\_\_  
TNet HbA1cA  
XXXXXXXXXX

**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).

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

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

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

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

1. Date specimen collected:

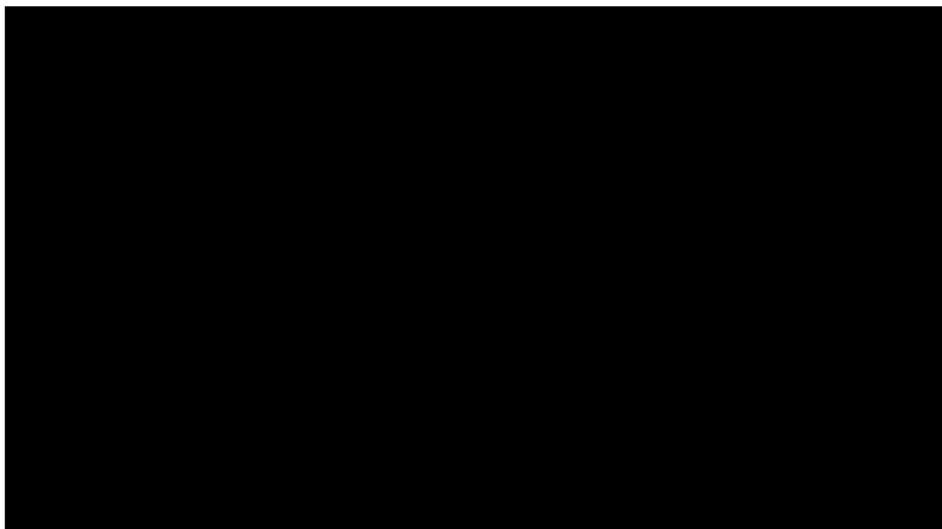
\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

2. For which visit, in the study sequence, is this form being completed? (*check one*)

- |                                      |                                      |                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Screening | <input type="checkbox"/> 14 Month 9  | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 31 Month 30 | <input type="checkbox"/> 34 Month 48 |
| <input type="checkbox"/> 8 Month 3   | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 26 Month 21 | <input type="checkbox"/> 32 Month 36 | <input type="checkbox"/> 99 Other    |
| <input type="checkbox"/> 11 Month 6  | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 29 Month 24 | <input type="checkbox"/> 33 Month 42 |                                      |

**B. SPECIMEN INFORMATION**

1. Place HbA1c barcode label here:



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

1. Shipped By Name: \_\_\_\_\_

2. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Date Shipped:

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

4. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

1. Date specimen collected:

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

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- |                                      |                                      |                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
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| <input type="checkbox"/> 8 Month 3   | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 26 Month 21 | <input type="checkbox"/> 32 Month 36 | <input type="checkbox"/> 99 Other    |
| <input type="checkbox"/> 11 Month 6  | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 29 Month 24 | <input type="checkbox"/> 33 Month 42 |                                      |

**B. SPECIMEN INFORMATION**

1. Place HbA1c Barcode Label Here:      2. Place QC Barcode Label Here:

FNm: \_\_\_\_  
Date: \_\_\_\_  
TNet HbA1cA  
XXXXXXXXXX

FNm: \_\_\_\_  
Date: \_\_\_\_  
TNet HbA1cA  
XXXXXXXXXX

**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).*