

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) _____ 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
			Y	N	Y	N	
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: _____ / _____ / _____ 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: _____

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MM DD YYYY
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- | | | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> 8 Month 3 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 31 Month 30 | <input type="checkbox"/> 33 Month 42 | <input type="checkbox"/> 99 Other |
| <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 32 Month 36 | <input type="checkbox"/> 34 Month 48 | |

B. SPECIMEN INFORMATION

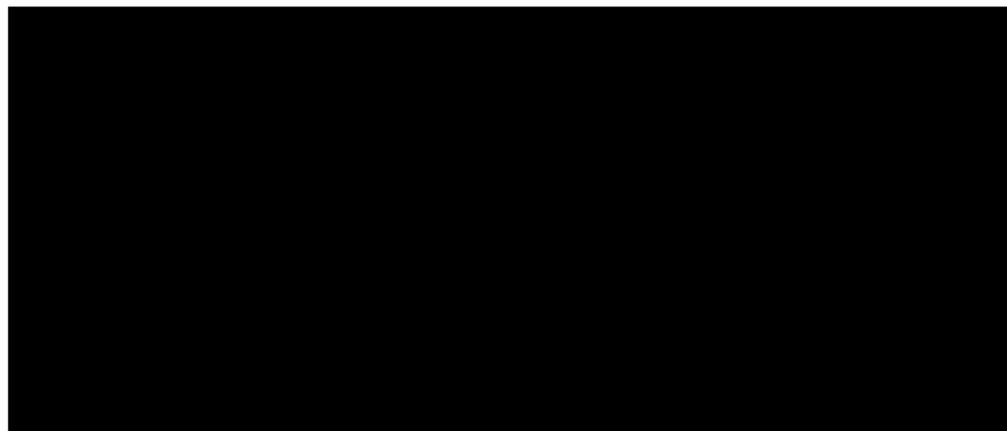
1. Participant Height: _____ cm **or** _____ in
2. Participant Weight: _____ kg **or** _____ lb
3. BOOST Drink (6 ml/kg, up to 360 ml)
 **Perform calculations on back
- _____ ml
4. MMTT start time: (24-hour clock) _____ : _____
5. Test completed? Y N
6. Number of samples enclosed: _____
- a. If NO, specify 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:



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

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2. Phone #: (____) _____ - _____
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MM DD YYYY
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SPLIT DUPLICATE (check here)

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