

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:



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).

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B. SPECIMEN INFORMATION

1. Place HbA1c barcode label here:



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____/____/____
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