

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
 AASK COHORT STUDY
 ESRD GENETICS BLOOD MAILING FORM - FOR TRIAL PATIENTS WHO
 REACHED ESRD BEFORE THE COHORT STUDY STARTED AND THUS
 COULD NOT ENROLL IN THE COHORT STUDY FORM # 121**

This form is completed for those patients who reached ESRD prior to enrolling in the Cohort Study. These patients are not eligible to enroll in the Cohort Study, but their blood should be collected for genetics analysis as soon as possible.

The blood, along with a copy of this form, should be express mailed to Coriell Cell Repositories preferably the same day or as described in Chapter 7 of the AASK Manual of Operations. This form should be key entered into the AASK database as soon as the blood is express mailed to New Jersey.

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1. Identification Number...

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2. Name Code...

It is important not to heat, freeze or refrigerate blood that is collected for genetics.

Details about the sample:

3. Date blood drawn (mm/dd/yyyy) / / ^{DRAW-DT}

4. Number of tubes sent ^{TUBES}
 (Two tubes should be collected and sent to Coriell.)

5. Date tubes sent to Coriell (mm/dd/yyyy) / / ^{SENT-DT}

Details about the patient:

6. Date the patient signed a genetics consent form / / ^{CONS-DT}

For items 7 and 8, enter 0 = no, 1 = yes, 9 = unknown.

7. Are/were both parents black or of African descent? ^{PAREN-BK}

8. Are/were all four grandparents black or of African descent? ^{GRAND-BK}

200. Date this form completed (mm/dd/yyyy) / / ^{COMPL-DT}
 (The date the form is completed must be greater than or equal to the date the blood was drawn and less than or equal to the date the tubes were sent to Coriell.)

201. Certification ID of person completing this form ^{COMPL-BY}

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____/____/____