

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION  
AASK COHORT STUDY  
CBL SERUM AND PLASMA MAILING FORM # 122

Please enter this form by the end of the day you express mail the samples to the lab. If a sample is received at the CBL and is hemolyzed, it will be analyzed but only the results not affected by hemolysis will be reported. For dialysis patients: Blood should be drawn pre-hemodialysis; however, patients supported with peritoneal dialysis or a kidney transplant can have their blood drawn at any time.

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1. Identification Number...

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2. Name Code...

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3. Visit Number...

\* If C6 sample is missed & collected at Q9, code Q4=4.

**Serum and Plasma Sample Collection Details:**

close out

4. Type of sample collected: ..... *Sample type*
- ① = C0, C12, C24, C36, C48, or C60 (fasting at least 10 hours)
  - 2 = Special "C 0.1" serum creatinine (fasting not required)
  - 3 = C6, C18, C30, C42, or C54 serum creatinine (fasting not required)
  - 4 = Other visit: serum creatinine needed (fasting not required)
  - ⑤ = Other visit: all serum results needed (fasting at least 10 hours)
  - 6 = Repeat due to doubling of serum creatinine (fasting not required)
  - 7 = Plasma sample only (fasting at least 10 hours)
  - 8 = Inadequate Fasting

5. a. Date blood drawn (mm/dd/yyyy) ..... *draw - dt*

b. For dialysis patients only: Number of hours since the last dialysis start time ..... *dial - hrs*

6. a. Number of tubes of serum sent ..... *Serum tubes*  
(2-10ml red top or 2-9.5 ml SST tubes should be drawn at every visit. Process according to MOP Chapter 9.)

b. Number of tubes of plasma sent ..... *Plasma tubes*  
(Plasma from 1-10ml lavender top (EDTA) tube should be drawn at C0 and annually. Process according to MOP Chapter 9.) (No plasma is sent on this form if you are doing the annual dry ice mailing.)

7. How many hours was the participant fasting before the blood was drawn? ..... *hrs - fast*

8. Date blood products sent to the lab (mm/dd/yyyy) ..... *sent - dt*

**Freezing Status:**

9. Status of serum/plasma prior to shipment ..... *Ship - stat*  
1=Serum/plasma not frozen  
2=Serum/plasma frozen shortly after aliquoted  
3=Serum/plasma frozen some other time

10. If frozen, date serum/plasma frozen (mm/dd/yyyy) ..... *froz - dt*

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 blood was sent to the lab.)

201. Certification ID of person completing this form ..... *compl - by*

**For Clinical Center Use Only:**

Certification ID of person entering this form: \_\_\_\_\_

Date Entered: \_\_\_\_/\_\_\_\_/\_\_\_\_