

C-CBL - MAILING - DRY ICE

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
CBL DRY ICE MAILING FORM # 127

Frozen plasma is collected at C12, C24, C36, C48 and C60. The patient must be fasting at least 10 hours. If a patient reaches dialysis prior to the first dry ice shipment, the frozen plasma sample is the first blood drawn as soon as possible after dialysis is started. However, for those dialysis patients who had a frozen plasma sample collected prior to the start of dialysis, a frozen plasma sample is no longer collected post dialysis. The sample is collected using the instructions outlined in the MOP, Section 9.4.3.2. Please enter this form by the end of the day you express mail the frozen plasma afterthought sample on dry ice to the CBL.

1. Identification Number... [grid]

2. Name Code... [grid]

3. Visit Number... [grid]

1. Identification Number...

2. Name Code...

3. Visit Number...

Plasma Sample Collection Details:

4. Type of sample collected: ... SAMPLE-TYPE
1 = C12, C24, C36, C48 or C60 (annual visits) frozen plasma afterthought sample (fasting at least 10 hours)
2 = Other visit frozen plasma afterthought sample (fasting at least 10 hours)

5. Date blood drawn (mm/dd/yyyy) ... / / DRAW-DT

6. How many hours was the participant fasting before the blood was drawn? ... FAST-Hrs

Freezing Status:

7. Was the plasma frozen immediately after being aliquoted? (0=no, 1=yes) ... Immed-frozen
The time from collection to the time the sample is placed in the freezer, should be no more than 1 hour. If Q07=0, please do not send the sample. Re-collect at the next visit.

8. Date plasma frozen (mm/dd/yyyy) ... / / frozen-dt

Shipping Status:

9. Number of Cryovial tubes of plasma sent ... tubes
(1-10 ml lavender tube (EDTA) should be drawn at C12 and annually. Process according to MOP, Section 9.4.3.2.) (A maximum of 4-1.0 mL aliquots of Cryovial tubes are sent to the CBL.)

10. Date plasma sent to the CBL (mm/dd/yyyy) ... / / sent-dt

200. Date this form completed (mm/dd/yyyy) ... / / Compl-dt

201. Certification ID of person completing this form ... Compl-by

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ___/___/___