

AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
CBL NAIL CLIPPING MAILING FORM # 168

This form is completed at the C0 visit and annually thereafter. Please enter this form by the end of the day you ship the samples. Include a copy of this form when mailing the sample to the CBL. Refer to Chapter 19 of the MOP for shipping instructions.

Grid for Identification Number (6 boxes)

Grid for Name Code (5 boxes)

Grid for Visit Number (3 boxes)

Grid for Visit Date (8 boxes)

1. Identification Number...

2. Name Code...

3. Visit Number...

4. Visit Date: mm/dd/yyyy...

Nail Sample Collection Details:

- 5. Site of clippings? (1=fingernail, 2=toenail) ... SITE
6. Were study-provided (chromium-free) nail clippers used? (0=no, 1=yes) ... CLIPPERS
7. Location where nails were clipped? ... LOCATION
8. Date sample collected (mm/dd/yyyy) ... COLLECT_DT
9. Date sample sent to the CBL lab (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: ___/___/___