

C - GENETICS

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
GENETICS BLOOD MAILING FORM
FOR COHORT STUDY PATIENTS FORM # 120**

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.

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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.

Blood Sample Collection Details:

- 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 blood sent to Coriell (mm/dd/yyyy) / / ^{SENT-DT}

Note: The date the patient signed the genetics consent form is on Form 81.

- 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 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: _____