

SPECIMEN COLLECTION FORM for Visit 2 (L21)

CKiD Chronic Kidney Disease in Children Cohort Study

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

|_| - |_|_| - |_|_|_|

A2. CKiD VISIT #: _____

A3. FORM VERSION: 1 0 / 0 1 / 1 2a

A4. SPECIMEN COLLECTION DATE: _____ / _____ / _____
M M D D Y Y Y Y

A5. FORM COMPLETED BY (INITIALS): _____

The following samples should be collected.

<u>Samples:</u>	<u>Shipped to</u>	<u>Shipped:</u>
Serum	CBL	IMMEDIATELY
Serum	CBL	Batched (Ship in Jan, Apr, Jul or Oct)
Iohexol Blood	CBL	IMMEDIATELY
Urine	CBL	IMMEDIATELY

If consent is obtained for biological samples, collect the following:

<u>Samples:</u>	<u>Shipped to:</u>	<u>Shipped:</u>
Serum (Biological)	NIDDK Biosample Repository	Batched (Ship in Jan, Apr, Jul or Oct)
Plasma (Biological)	NIDDK Biosample Repository	Batched (Ship in Jan, Apr, Jul or Oct)
Urine (Biological)	NIDDK Biosample Repository	Batched (Ship in Jan, Apr, Jul or Oct)
Nail Clippings (Biological)	NIDDK Biosample Repository	IMMEDIATELY
Hair (Biological)	NIDDK Biosample Repository	IMMEDIATELY

**BATCHED SAMPLES SHOULD BE SHIPPED QUARTERLY (Jan, Apr, July or Oct)
OR MORE OFTEN IF DESIRED BY THE SITE COORDINATOR!**

**Samples should NOT be stored for more than one year.
For specific questions, contact your CCC prior to shipment.**

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SECTION C: PRE-IOHEXOL INFUSION BLOOD DRAW

Encourage fluids throughout the visit.

Place two IV lines (18-22 gauge polyethylene catheters) using two separate vascular access sites
---OR---
Place one butterfly and one IV line (18-22 gauge polyethylene catheter) using two separate vascular access sites; use tape to stabilize butterfly for iohexol infusion
--OR--
Use butterfly for pre-iohexol and individual blood draw sticks; use tape to stabilize butterfly for Iohexol infusion

Complete Pre-Iohexol Infusion blood draw according to MOP instructions/flowchart below.
NOTE: If patient has had a local CBC drawn within the past 30 days, those CBC results may be used instead of drawing another CBC and blood draw amounts on pre-iohexol infusion blood draw can be decreased by 1 mL.

**For Initial Blood Draw with Syringe, Vacutainer OR Butterfly Method:
Select the Type of Consent Obtained (options 1 through 2) That Pertains to the CKiD Participant:**

1 **If participant consented to BIOLOGICAL samples:**
Collect **15-16 mL** if participant is **< 30 kg** **OR** **21-22 mL** if participant is **≥ 30 kg**.

If **< 30 kg**, immediately transfer (**using 18 gauge needle**) or draw:

- 9.5 mL into (2) Tiger-Top SSTs for CBL & NIDDK BR
- 3 mL into (1) PST for NIDDK Biosample Repository
- 1 mL in lavender-top tube for local CBC
(*tube not provided in CBL kit*)
- 1.5 mL in appropriate tube (*not provided*) for local Renal Panel
- **1 mL of additional blood in SST for CBL (if initial sample is GROSSLY HEMOLYZED)**
-

If **≥ 30 kg**, immediately transfer (**using 18 gauge needle**) or draw:

- 13.5 mL into (2) Tiger-Top SSTs for CBL & NIDDK BR
- 5 mL into (2) PST for NIDDK Biosample Repository
- 1 mL in lavender-top tube for local CBC
(*tube not provided in CBL kit*)
- 1.5 mL in appropriate tube (*not provided*) for local Renal Panel
- **1 mL of additional blood in SST for CBL (if initial sample is GROSSLY HEMOLYZED)**

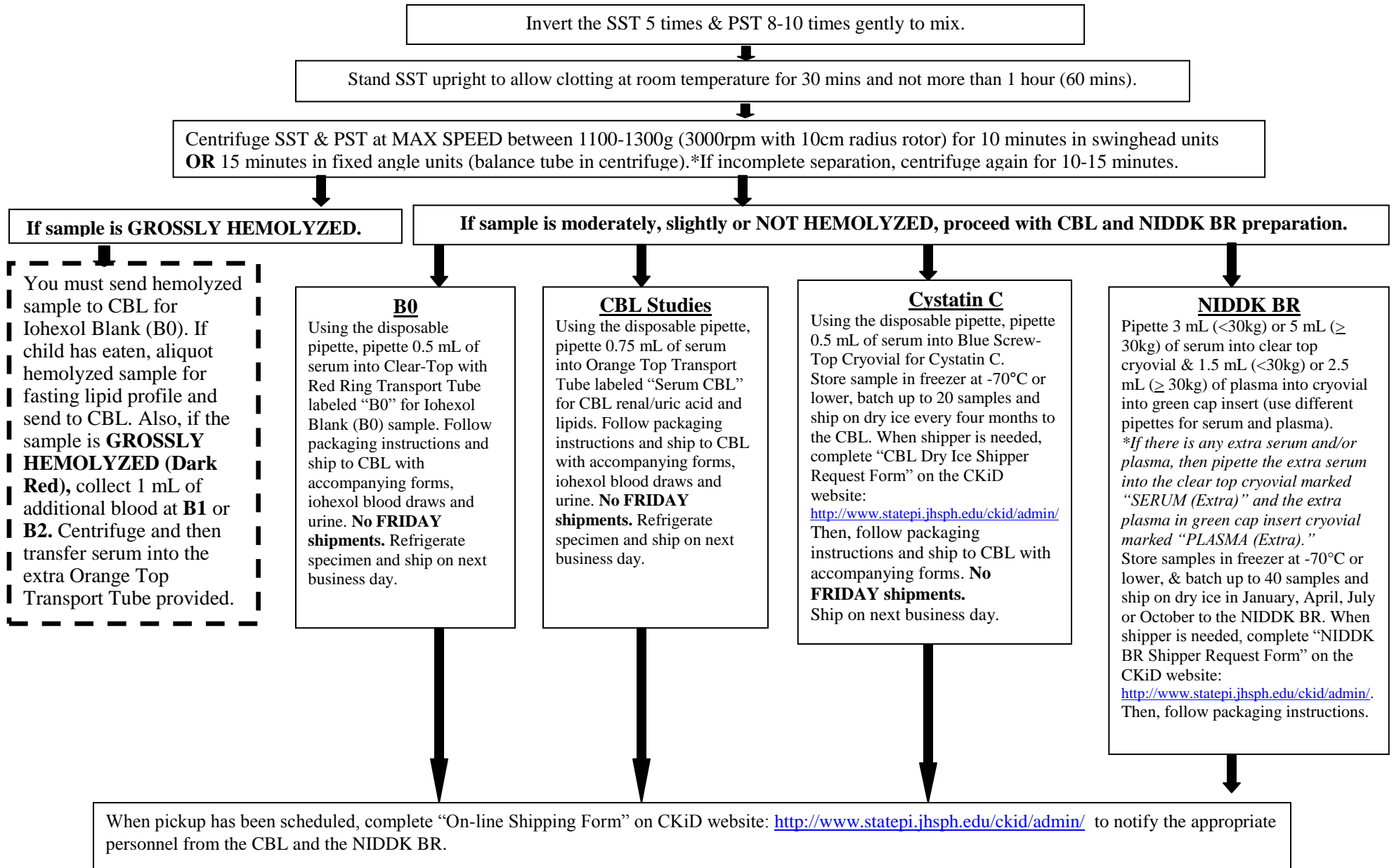
2 **If participant did NOT consent to BIOLOGICAL samples:**
Collect **6-7 mL** from all participants (regardless of weight) as specified below.

Immediately transfer (using 18 gauge needle) or draw:

- 3.5 mL into (2) Tiger-Top SSTs for CBL
- 1 mL in lavender-top tube for local CBC (*tube not provided in CBL kit*)
- 1.5 mL in appropriate tube (*not provided*) for local Renal Panel
- **1 mL of additional blood in SST for CBL (if initial sample is GROSSLY HEMOLYZED)**

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PROCESSING OF PRE-IOHEXOL INFUSION BLOOD FOR CBL & NIDDK BR



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C6. Did the participant consent to have biological samples (i.e., serum, plasma and urine samples) stored at the NIDDK Biosample Repository?

Yes..... 1

No..... 2 (Skip to E2)

Reasons Code List *	1 = Not required	3 = Participant Refused	5 = Inadvertently Destroyed
	2 = Difficult Blood Draw	4 = Red Blood Cell Contamination	6 = Oversight

Sample Type (Required Volume in Top Color Tube Type):	(a) Sample Obtained:	(b) If No, specify reason *SEE CODE LIST ABOVE	(c) Additional Requirements:
	<u>Yes</u> <u>No</u> 1 2 (skip to c→)		
C7. Serum for NIDDK Biosample Repository (**6.0 mL or **10.0 mL of blood in Tiger Top SST)	1 2 (skip to c→)	____ (skip to C8)	Date Frozen: ____ / ____ / ____ M M D D Y Y Y Y
C8. Plasma for NIDDK Biosample Repository (***3.0 mL of blood in one Green Top or ***5.0 mL in two Green Top PSTs)	1 2 (skip to c→)	____ (skip to D1)	Date Frozen: ____ / ____ / ____ M M D D Y Y Y Y

** Collect 6.0 mL of whole blood for children < 30 kg and 10.0 mL for children ≥ 30 kg

*** Collect 3.0 mL of whole blood for children < 30 kg and 5.0 mL for children ≥ 30 kg

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SECTION D: URINE COLLECTION AND PROCESSING FOR REPOSITORY

Collect FRESH urine into an initial urine collection cup or hat (provided by the site).

Pour 15-60 mL (preferably 60 mL) of FRESH urine into 90 mL urine collection cup with 4 protease inhibitor tablets. Do not fill the urine past the 60 mL mark on the collection cup. One protease inhibitor tablet should be used for 10-15 mL of urine (see Table A). For example if 30 mL of urine is collected, ONLY 2 PI tablets are needed. (Like all unused supplies, **unused protease inhibitor tablets should be returned to the CBL.**)

Urine Volume	# of Protease Inhibitor Tablets
10 – 15 mL	1
16 – 30 mL	2
31 – 45 mL	3
46 – 60 mL	4

Invert the urine cup gently 5 – 10 times.

The PROTEASE INHIBITOR TABLET(S) MUST BE **COMPLETELY** DISSOLVED in the urine.

Once the protease inhibitor tablet(s) are completely dissolved, pour urine into up to six (6) 10 mL urine centrifuge tubes. (**For each tube:** remove yellow top cap, pour urine into tube and **SCREW** cap back onto tube.) Place no more than 10 mL in each tube.

– OR –

Sites may also substitute with tubes normally used to centrifuge urine at site.

Centrifuge urine tube(s) at MAX SPEED between 1100-1300g (3000rpm with 10cm radius rotor) for 10 mins (swinghead units) – **OR** – 15 mins (fixed angle units).

Decant (pour off) the supernates (liquid reaction) into up to seven (7) 10 mL urine cryovials. Pour no more than 9 mL of urine into each 10 mL cryovial to allow for expansion.

Check that all information is correct on the urine cryovials, promptly freeze and store sample(s) at -70°C or lower. Batch samples and ship at least quarterly (include maximum of 36 cryovials per shipper). When shipper(s) is needed, complete “NIDDK Shipper Request Form” on CKiD website: <http://www.statepi.jhsph.edu/ckid/admin/>. Then, follow packaging instructions.

When pickup has been scheduled, complete “Online Shipping Form” on CKiD website to notify Heather Higgins, Sandra Ke and KIDMAC that sample(s) have been shipped to NIDDK BR.

Reasons Code List : 1= Not required 2 = Difficult Urine Collection 3 = Participant Refused 4 = Collection Contamination 5 = Inadvertently Destroyed 6 = Oversight

Sample Type (Required Volume in Top Color Tube Type):	(a) Sample Obtained: <u>Yes</u> <u>No</u>	(b) If No, specify reason *SEE CODE LIST ABOVE	(c) Additional Requirements:
D1. Urine for NIDDK Biosample Repository (15.0 - 60.0 mL of urine in specimen container and transferred into collection cup with protease inhibitors)	1 2 (skip to c→)	— — (skip to E2)	i. Was supernate decanted into urine transport cryovials? Yes.....1 No.....2

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SECTION E: OPTIONAL LOCAL LAB TEST (IF CLINICALLY INDICATED)

Check with the PI at your clinical site to determine whether or not it is **CLINICALLY INDICATED** to obtain urine for local lab. These are instances when the PI needs results immediately and/or the participant needs additional local labs performed (i.e., local Urine Creatinine and Urine Protein).

E2. Was a urine protein to creatinine ratio assay performed at the clinical site's local laboratory?

Yes..... 1 → **Complete Local Urine Assay Results Form L06, ONLY if local labs are CLINICALLY INDICATED**
No..... 2

SECTION F: INFUSION SYRINGE WEIGHT

F1. **SCALE MUST FIRST BE ZEROED BEFORE WEIGHING. REMOVE ALUMINUM FOIL PRIOR TO WEIGHING THE SYRINGE. THE SAME SCALE MUST BE USED TO WEIGH THE SYRINGE PRE AND POST IOHEXOL INFUSION.**

- a. Syringe Weight **Pre-Iohexol Infusion**: ____ . ____ (g)
- b. Syringe Weight **Post-Iohexol Infusion**: ____ . ____ (g) (Post-Infusion Weight should be **at least 6.0g** less than Pre-Infusion Weight. If Post-Infusion Weight is not at least 6g less, please confirm.)

PRE AND POST SYRINGE WEIGHT MUST BE OBTAINED IN ORDER TO CALCULATE CHILD'S GFR.

SECTION G: IOHEXOL – Refer to Instructions for Iohexol Infusion and GFR Blood Draws Flow Chart on Page 12

- **BEFORE INFUSING 5 mL OF IOHEXOL, SET TIMER = 0. SIMULTANEOUSLY START TIMER AND BEGIN IOHEXOL INFUSION**
- **COMPLETE INFUSION BETWEEN 1 TO 2 MINS**
- **LEAVE TIMER RUNNING THROUGHOUT IOHEXOL INFUSION AND SUBSEQUENT BLOOD DRAWS**

G1. IOHEXOL INFUSION

a. INFUSION START TIME: ____ : ____ 1 = AM 2 = PM

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- DO NOT DRAW BLOOD FROM THE IV SITE WHERE IOHEXOL WAS INFUSED. ANOTHER IV SITE MUST BE USED.
- WASTE 1 mL OF BLOOD IF DRAWING FROM A SALINE/HEPARIN LOCK.
- COLLECT 1 mL OF BLOOD FOR EACH IOHEXOL BLOOD DRAW IN THE PROVIDED SST.
- **RECORDING THE EXACT NUMBER OF MINUTES ON THE TIMER IS MORE IMPORTANT THAN DRAWING THE BLOOD EXACTLY AT 120 & 300 MINUTES AFTER IOHEXOL INFUSION. FOR EXAMPLE, IF BLOOD IS DRAWN AT 133 MINS INSTEAD OF 120 MINS, DOCUMENT BLOOD DRAWN @ 133 MINS.**
- TIME SHOULD BE RECORDED IMMEDIATELY AFTER EACH BLOOD SAMPLE IS OBTAINED (i.e., B1, B2).

**POST VITALS SHOULD BE TAKEN 10 MINUTES AFTER INFUSION
USING LOCAL BLOOD PRESSURE MEASUREMENT (i.e. DINAMAP)**

- If rash develops after lohexol Infusion, consider it a reaction to lohexol and notify PI immediately. Consider administration of 1 mg/kg Benadryl IV (maximum dose: 50 mg Benadryl IV).
- In the rare event that systolic BP decreases more than 25 mm Hg, diastolic BP decreases more than 20 mmHg, or pulse increases more than 20 beats per min, notify PI immediately to evaluate reaction and complete the Adverse Event (ADVR) Form. Consider the possibility of an anaphylactic reaction to lohexol. Consider administration of 1 mg/kg Benadryl IV (maximum dose: 50 mg Benadryl IV). Draw up to 0.1 mL 1:1000 Epinephrine for SQ injection and 2 mg/kg Solumedrol IV for administration as ordered by physician.

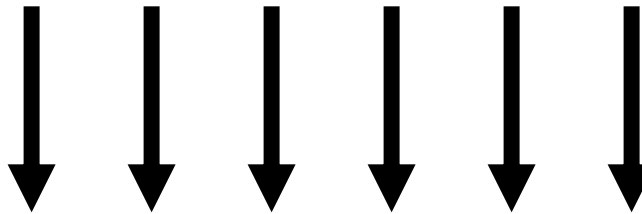
(i) Post Vitals:		
G2a.	Post- infusion blood pressure:	____ / ____
b.	Post-infusion temperature:	_____ . ____ 1 = °C Typical range: 36.1 – 38.3 2 = °F Typical range: 94.5 – 100.6
c.	Post-infusion number of heart beats per minute:	____
d.	Post-infusion respirations per minute:	____

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INVERT TUBE 5-10 TIMES AFTER EACH BLOOD DRAW
LET SST TUBE STAND 30 MINUTES (BUT NO LONGER THAN 1 HOUR)
CENTRIFUGE AT MAX SPEED BETWEEN 1100-1300g (3000rpm with 10cm radius rotor) for 10 MINUTES IN SWING HEAD
OR 15 MINUTES IN FIXED ANGLE (BALANCE TUBES IN CENTRIFUGE)

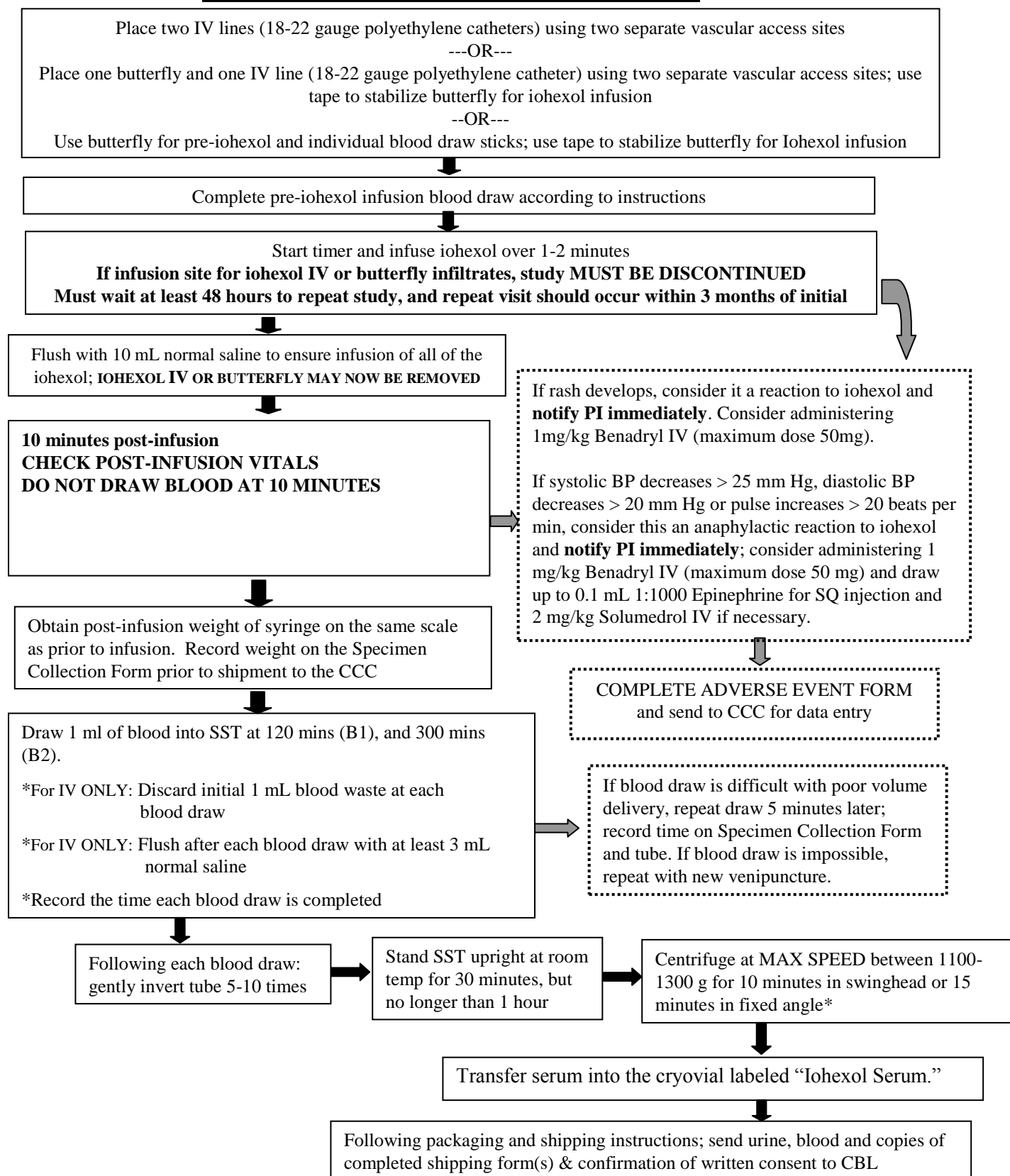
	ALL TIMES should be documented from the initial infusion time	(i) ACTUAL HOURS/ MINUTES on TIMER	(ii) ONLY if Timer malfunctions, record Clock Time using the same clock used for G1a	(iii) Difficult Blood Draw:		(iv) Blood Drawn via Venipuncture		(v) Blood Volume Collected (1 mL):	(vi) Centrifuged at Clinical Site:	
				Yes	No	Yes	No		Yes	No
G3a.	B1 2 hrs (120 min):	___ hr ___ mins	___ : ___ 1 = AM 2 = PM	1 (Skip to b)	2	1	2	___ . ___ mL	1 (Skip to G4a)	2 (Skip to G4a)
b.	B1 2nd attempt:	___ hr ___ mins	___ : ___ 1 = AM 2 = PM	1	2	1	2	___ . ___ mL	1	2
G4a.	B2 5 hrs (300 min):	___ hr ___ mins	___ : ___ 1 = AM 2 = PM	1 (Skip to b)	2	1	2	___ . ___ mL	1 (Skip to H2)	2 (Skip to H2)
b.	B2 2nd attempt:	___ hr ___ mins	___ : ___ 1 = AM 2 = PM	1	2	1	2	___ . ___ mL	1	2

IF FAMILY CONSENTED TO THE COLLECTION OF HAIR AND NAIL SAMPLES, BUT THE SAMPLES WERE NOT COLLECTED AT VISIT 1B, THEN PROCEED TO SECTION H (SEE QUESTIONS ON PAGE 13).



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Instructions for Iohexol Infusion and GFR Blood Draws



Physician should be immediately available (in person or by phone) during Iohexol Infusion
Encourage fluids throughout the visit.

*1100-1300 g = 3000 rpm with 10 cm radius rotor

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SECTION H:

- H2. Were nail clippings and hair samples previously collected and shipped at V1b?
Yes..... 1 (END)
No..... 2
- H3. Did the participant consent to have biological samples (i.e., nail clippings and hair samples) stored at NIDDK Biosample Repository?
Yes..... 1
No..... 2 (END)

NAIL CLIPPING COLLECTION

- Collection of fingernails is preferred. **DO NOT** collect fingernail clippings if the participant has acrylic nails, or nail fungus or discoloration causing pain or discomfort. If the participant cannot provide fingernail clippings, the Study Coordinator may clip the participant's toenails instead. **FINGERNAILS AND TOENAILS SHOULD NOT BE COLLECTED IN THE SAME CRYOVIAL** (collect one or the other).
- **STAINLESS STEEL NAIL CLIPPERS MUST BE USED TO COLLECT NAIL CLIPPINGS.** Use small (pediatric size) stainless steel nail clippers (see Figure A) for younger children and large stainless steel nail clippers (see Figure B) for older children. Both sizes are included in the CKiD starter package.
- Clean the blades of the nail clippers with **SaniZide Plus** prior to use (provided by the CBL).
- Whenever possible, the Study Coordinator should clip all (10) fingernails, removing approximately 1 millimeter from each nail (See Figure C). **Be prepared to collect flyaway nails.**
- (To use nail clippers, see Figures A – D). Refer to CKiD MOP Section 12 for further details.
- Carefully place the nail clippings into the cryovial (see Figure D). After using the nail clipper, spray the clipper with **SaniZide Plus** and wipe with clean cloth.



Figure A



Figure B



Figure C



Figure D



Provide 10 nail clippings that are at least 1 mm tall

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H4. Does the participant have acrylic nails?

Yes..... 1 **(Skip to H6)**

No..... 2

H5. Were 10 fingernail clippings collected?

Yes..... 1 **(Skip to I1)**

No..... 2

a. How many fingernail clippings were collected?

___ ___

b. Specify reason "10" fingernail clippings were not collected.

Nails not long enough..... 1 **(Skip to H6)**

Participant Refused..... -7 **(Skip to H6)**

Other..... 2

i. Specify: _____

H6. Were 10 toenail clippings collected?

Yes..... 1 **(Skip to I1)**

No..... 2

a. How many toenail clippings were collected?

___ ___

b. Specify reason "10" toenail clippings were not collected: (e.g., Nail fungus or discoloration causing pain or discomfort)

Nail fungus or discoloration..... 1 **(Skip to I1)**

Nails not long enough..... 2 **(Skip to I1)**

Participant Refused..... -7 **(Skip to I1)**

Other..... 3

i. Specify: _____

SECTION I: HAIR SAMPLE COLLECTION

- STAINLESS STEEL SCISSORS MUST BE USED TO COLLECT HAIR SAMPLE. The scissors are included in the CKiD starter package.
- DO NOT collect hair sample if the participant has colored, or chemically altered hair
- Clean blades of stainless steel scissors with **SaniZide Plus** prior to use.
- Use powder-free gloves.
- Refer to CKiD MOP Section 12 for further details.
 - Lift up the top layer of hair from the **occipital** region of the scalp (see Figure A). Isolate a small thatch of hair (at least 20 fibers) from this region (see Figure B).
 - **Place the label with the participant's KID ID # tightly around all 20 strands of hair located at the distal end (furthest from the scalp)** (see Figure C).
 - Cut the hair sample off the participant's head **as close to the scalp as possible** (see Figure D).
 - Place cut thatch of hair inside aluminum foil (4 X 4) and fold the top of the foil to completely enclose the hair sample.
 - Place the aluminum foil inside a Ziplock bag (4 X 4) with the gel desiccant pellets in it and seal.
 - Store sample at room temperature in a dark place prior to shipment.
 - After using the scissors, spray scissors with **SaniZide Plus** and wipe with clean cloth.



Figure A



Occipital Region of Scalp

Figure B



Figure C



Place the KID ID label tightly around all 20 strands.

Figure D



Cut the hair sample off the participant's head as close to the scalp as possible.

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- I1. Does the participant have permed, dyed, colored, or chemically altered hair?
Yes..... 1 (END)
No..... 2
- I2. Was the Study Coordinator able to cut at least 20 fibers of hair from the **occipital** region?
Yes..... 1 (END)
No..... 2
- a. Specify reason "20" hair fibers were not collected:
Hair not long enough..... 1 (END)
Participant Refused..... -7 (END)
Other..... 2
- i. Specify: _____
