



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

SPECIMEN COLLECTION

1. Type of Specimen(s): ₁ Blood ₂ Urine ₃ Both
2. Date of birth: ___ / ___ / ___ (mm/dd/yyyy)
- a. Gender: ₁ Male ₂ Female
3. **Does the participant have a diagnosis of diabetes mellitus? ₁ Yes ₀ No

Blood Specimens:

4. Did the participant agree to genetic testing? ₁ Yes ₀ No
5. Collection: Date: ___ / ___ / ___ (mm/dd/yyyy) Time: ___ : ___ (military time)
6. Did the participant fast for this blood draw? ₁ Yes ₀ No

If **NO**, indicate the date and time of last meal:

Last meal: Date: ___ / ___ / ___ (mm/dd/yyyy) Time: ___ : ___ (military time)

24 hour Urine Specimen:

7. Collection Start: Date: ___ / ___ / ___ (mm/dd/yyyy) Time: ___ : ___ (military time)
8. Collection Stop Date: ___ / ___ / ___ (mm/dd/yyyy) Time: ___ : ___ (military time)
9. Volume collected: ___ (ml)

10. Specimen collection status:

Spec. #	Specimen Type	Was the specimen collected? (Check one below)		If NO, reason specimen not collected (Check one below)				
		Yes	No	Not required	Poor venous access	Participant refused	Inadvertently destroyed	Oversight
1	Red top – 10 ml (wrapped in aluminum foil)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2	Tiger Top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3	Tiger Top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4	Tiger Top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5	Blue top – 5ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6	Blue top – 5ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7	**Purple top – 5ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8	Purple top – 5ml (local lab)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16	24 hr Urine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

RC Instructions:

- Send copy of this CRF with specimen to: University of Pennsylvania Central Laboratory

All participants at Baseline Visit; **Only participants with diagnosis of diabetes at Follow-up Clinic Visits