



Participant ID: _____ *pkdid*

Clinical Center: _____ *pccn*

visit:

Archived Blood Sample Collection Form

This form is to be completed at visit 6 and 8. Samples must be shipped on the day of collection to the NIDDK Biosample Repository at Fisher BioServices.

Date of Collection: ____/____/____ *dtcoll*

LABELS:

The specimen labels will be provided by the repository.

Affix the "SST" and "PST" labels to this form.

Affix corresponding labels on both tubes per sample.

- Serum Sample:** Collect 2 SST tubes of blood (tiger-top, 10 ml each). Gently invert 5 times, but do not shake. Allow to clot in a vertical position for 30 minutes. Centrifuge at 1300 RCF (g) for 15 minutes (within 1-2 hours of collection). Refrigerate samples. No decanting is necessary. Ship sample on the day of collection per instructions below.
- Plasma Sample:** Collect 2 PST tubes (green/grey cap, 8 ml each). Gently invert 8-10 times, but do not shake. No clotting time is necessary. Centrifuge at 1300 RCF (g) for 10 minutes (within 1-2 hours of collection). Refrigerate samples. No decanting is necessary. Ship sample on the day of collection per instructions below.

Type of Sample	Collection Time 24hr	Bar Code Label
A. Serum Sample Label: "SST"	: <i>sertime</i>	Place Label Here
B. Plasma Sample Label: "Bio-plasma"	: <i>plastime</i>	Place Label Here

3. **Comments:** _____
comm

Shipping Instructions: Complete Shipping Manifest and pre-printed Fed Ex airbill addressed to Fisher BioServices Corporation (NIDDK Biosample Repository). Ship samples on cold packs, per IATA 650 guidelines, but do not allow samples to freeze.

CRISP Member completing this form _____
cdidnum

Date Form Completed ____/____/____
cddate

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ Date: ____/____/____ *dedate*
deidnum

Secondary Entered by: _____ Date ____/____/____