



Attention - DO NOT enter patient data on this form if the header does not contain preprinted CRISP ID number, clinical center ID, and visit number.

Participant ID: _____
visit: _____
pkdid

Clinical Center: _____
pccn

University of MN Advanced Research & Diagnostic Laboratory Specimen Collection Form

Site ID: _____
Alternate ID: _____

*Please mark the correct study name:

- ADPKD Modifier Study
- CRISP III Study

This form is used to accompany specimens drawn for a single subject and shipped to the Central Lab for analysis. Please refer to the ADPKD Modifier/CRISP III Study protocol for detailed instruction. This form must be copied and the copy should be retained at the collecting site. The original should be placed into a ziplock bag and then placed inside the orange FedEx Clinical Pak for shipment.

Ship on the day of specimen collection (do not ship on days which precede federal holidays) to:

**ADPKD Modifier/CRISP III Central Laboratory
University of MN
Advanced Research & Diagnostic Laboratory
1200 Washington Ave S
Suite #175
Minneapolis, MN 55415**

Please place the appropriate Participant **Subject Code ID** sticker here:

Blood Collection Date: ____/____/____ Time: ____:____ am/pm Initials: _____	
--	--

Please check all tubes included in the shipment. Use the checkboxes for each tube to indicate draws.

- Tube #1 – Purple Top EDTA tube (10 mL)
- Tube #2 – Purple Top EDTA tube (10 mL)

FedEx Shipping Information Shipment Date: ____/____/____ Initials: _____ FedEx Tracking #: _____
Specimen Collection/Processing Comments: