



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: _____ *pkdid*
visit:

Clinical Center: _____ *pccn*

Archived Urine Sample Collection Form

This form is to be completed at visit 10 and 12.

ARCHIVED URINE SAMPLES FOR THE NIDDK BIOSAMPLE REPOSITORY

Collection: A freshly voided urine sample will be collected. The urine specimens will be centrifuged in 50 mL tubes at 500 g for 5 minutes as soon as possible, with volume, processing times and voiding times noted (processing times should be no longer than 20-30 minutes from the time of acquisition). Tubes will be kept in ice throughout the process. The bottom 250 µL pellet (sometimes barely- or non-visible) will be transferred with a 1.0 mL pipette to a 1.5 mL eppendorf tube previously prepared with 750 µL of TriReagent and inverted several times and put on ice prior to freezing at -80° C.

The remaining urine samples will then be transferred to 10 mL polypropylene (not polystyrene) Falcon culture tubes, stored in six 5 mL aliquots.

Storage Instructions: Samples are to be stored at the site (-80C) for up to four months after collection.

Shipping Instructions: Samples are to be batch-shipped quarterly on at least five pounds of dry ice. Send the freshly voided urine samples to the NIDDK Biosample Repository at Fisher Bioservices. Use pre-printed Fed Ex airbills. Do not ship on Friday.

1. **LABELS:**

Check if collected	Type of Sample	Bar Code Label
<input type="checkbox"/> <i>fvcoll</i>	A. Freshly Voided Urine Biosample	<i>fvlabel</i>
<input type="checkbox"/> <i>pecoll</i>	B. Freshly Voided Urine Pellet	<i>pelabel</i>

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

Voiding Time: _____
voidtime

Volume: _____
volume

Processing Time: _____
proctime

2. **Comments:** _____
comm

Shipping Instructions: Complete Shipping Manifest and pre-printed Fed Ex airbill addressed to Fisher BioServices Corporation (NIDDK Biosample Repository). Ship samples on dry ice per guidelines provided by Fisher.

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: ____/____/____
deidnum *dodate*

Secondary Entered by: _____ Date ____/____/____