

CLINIC VISIT AND SAMPLE TRACKING

IVY:

ID: _____ NAME: _____ Clinic Initials _____
COHORT: _____ VISIT TYPE: _____ Lab Initials _____
DOB: _____ AGE: _____ SEX: _____ HLA: _____
DATE DUE: _____ DATE SCHEDULED _____
Comments: _____

Date DNA Sample _____

Visit Date: ____/____/____

Height _____ (cm) _____ (inches) RBG _____ Urine Glucose _____

Weight _____ (kg) _____ (pounds) YSI/HemoCue _____ Urine Ketones _____

Body Fat _____ (kg) HbA1c _____

Waist circ _____ (cm) _____ (cm) Fasting: Y/N

Amount of blood(cc) _____

1a. Serum ____ #1 ____ BDC ____ #2 _1-____ #3 ____ #4 ____ #5 ____

1b. QC's ____ #1 _Q-____ #2 ____ #3 ____ #4 (if positive)

2. Plasma ____ #1 _2-____ #2 ____ #3 ____ #4 ____ #5 ____

3. BC ____ #1 _3-____

4. Saliva ____ #1 _4-____ #2 ____

5. Viral Cx ____ #1 _51-____ #2 _52-____

6. WB ____ #1 _61-____ #2 _62-____

7. Urine ____ #1 _7-____ #2 ____

8. CRC ____ #1 _8-____ #2 ____

9. WB ____ #1 _9-____ #2 ____ #3 ____

10. AWA ____ #1 _10-____ #2 ____

11. RBC ____ #1 _11-____ #2 ____

12. ABI ____ rack _12-____ space ____

TGIgA: _____

Trialnet: _____ Date last drawn for

FFQ:

Sent to BDC: