

FORM283

FSGS Novel Therapies (FONT-II)

Blood and Serum Mailing Form (Form # 283)

--	--	--	--	--	--

1. Participant ID Number
PARTICIPANT ID

--	--

2. Alpha Code
ALPHCD

--	--	--	--	--	--

3. Visit Number
CPEVENT /
VISIT_NUMBER
SUBEVENT_NUMBER

--	--	--	--	--	--	--	--

4. Date of Visit (dd/mmm/yyyy)
VISDT

Remember when sending the specimens to the core lab to include a copy of the screening form in the shipping container *once for each new participant*.

Place **Bar Code Label** Here

5. Bar Code.....BARCD

Note: Make sure the bar code used to label the blood and serum sent with this form is different from the bar code used to label the visit's urine aliquots.

6. Date of blood draw (dd/mmm/yyyy)___ __ / ___ __ __ / ___ __ __ __ DRAWDT

7. Time of day blood was drawn(military)___ __ __ __ DRAWTM

8. Number of hours the participant was fasting prior to this blood draw __ __ . __ FASTHR

If this is a routine specimen, skip question 10. Please refer to the table in the Instructions for the tests that are performed at a specific visit.

- 10. a. If this specimen is a make up for a missed routine blood draw, specify the visit that is being made up?.....MVISN
- b. If this is a repeat specimen or if you want to request a test that is not routinely done at this visit, mark the tests that are needed below:

***For PIDs randomized to Galactose you MUST check Serum Fructosamine and Hemoglobin A1C at W08 &W26**

Test Required	0 = no 1 = yes	Test Required	0 = no 1 = yes
Potassium	TSTRQ1	Albumin	TSTRQ9
Creatinine	TSTRQ2	Fasting Lipids	TSTRQ10
Basic chemistry (BUN Creatinine Sodium, Potassium, Chloride, Bicarbonate, Glucose)	TSTRQ3	Extended chemistry (ALT, AST, ALP, CA, Phos)	TSTRQ11
Additional chem (albumin, AST, ALT)	TSTRQ4	CBC	TSTRQ12
Hepatitis B surface Ag	TSTRQ5	Hepatitis C Antibodies	TSTRQ13
HIV	TSTRQ6	ANA	TSTRQ14
C3 (serum needs to be transferred in transport tube)	TSTRQ7	Uric Acid	TSTRQ15
LDH	TSTRQ8	CPK	TSTRQ16
*Serum Fructosamine	TSTRQ17	*Hemoglobin A1C	TSTRQ18

11. Was labeled cryovial for Palb specimen included in this shipment?.... (0=no, 1=yes, 8=N/A)___ PALBL

**SEND COPY OF COMPLETED FORM in SPECTRA SHIPMENT and
FAX COMPLETED FORM TO FONT STUDY DESK
UMich (734) 232-2353 NYU (212) 263-4053**

- 12. Number of tubes of blood sent to the lab....._____SENTDT
- 13. Date tubes sent to the lab..... (dd/mmm/yyyy)____ / ____ / _____ SENTUB
- 200. Date this form completed (dd/mmm/yyyy)____ / ____ / _____
- 201. Username of person completing this form..... _____

**SEND COPY OF COMPLETED FORM in SPECTRA SHIPMENT and
 FAX COMPLETED FORM TO FONT STUDY DESK
 UNC (919) 966-4104 LIJ (718) 470-0887**