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Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Blood and Serum Mailing Form (Form # 83)

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1. Participant ID number

PID

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2. Alpha code

ALPHCD

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3. Visit Number

VISN

Remember to include a copy of page 1 of the Screening Form #10 in the shipping container the first time you send a specimen to the Core Lab.

Place Bar Code Label Here

4. 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.

5. Date of blood draw (dd/mmm/yyyy) DRAWDT

6. Time of day blood was drawn (military) DRAWTM

7. a. Did the participant fast prior to this blood draw (0 = no, 1 = yes) FAST

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

8. a. Arm of the study (1 = still at Baseline, 2 = Cyclosporin, 3 = MMF) ARMST

b. For Cyclosporin arm: Number of hours since last Cyclosporin dose CYCLHR

Note, if participant is not taking their prescribed CSA medication at this visit, enter NOD (not on drug). If CSA trough level is not required at this visit and the hours since last CSA dose are unknown, enter UNK.

c. For MMF arm: Number of hours since last MMF dose MMFHR

Note, if participant is not taking their prescribed MMF medication at this visit, enter NOD (not on drug).

If this is a routine specimen, skip question 9. Please refer to the table in the "page 0" Form Instructions for the tests that are performed at a specific visit.

9. 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:

Test Required	0 = no 1 = yes	Test Required	0 = no 1 = yes
TSTRQ1 Potassium		Cyclosporin	
TSTRQ2 Creatinine		Fasting lipids	
TSTRQ3 Basic chemistry (BUN Creatinine Sodium, Potassium, Chloride, Bicarbonate, Glucose)		Extended chemistry (T.protein, Alk. Phos., T. Billirubin, Calcium, Phos-phorus, Uric acid, Magnesium, GGT)	
TSTRQ4 Additional chem (albumin, AST, ALT)		CBC	
TSTRQ5 Hepatitis B surface Ag		HCV	
TSTRQ6 HIV			

10. Number of tubes of blood sent to the lab SENTUB

11. Date tubes sent to the lab (dd/mmm/yyyy) SENTDT
(A copy of this form must be included in the shipment to Spectra.)

200. Date this form completed (dd/mmm/yyyy) COMPDT

201. Username of person completing this form COMPBY