

DATASET: F96

Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial NIDDK Genetics Initiative Phlebotomy (DNA) Mailing Form (Form # 96)

TO: DR. DOUGLAS FUGMAN/GENETICS
RUTGERS UNIV./CELL REPOSITORY
DIV. LIFE SCIENCES – NELSON LABS
604 ALLISON ROAD (RM. C120A)
PISCATAWAY, NJ 08854-8082

FAX: (732) 445-1149
PHONE: (732) 445-1498

EMAIL: WITT@BIOLOGY.RUTGERS.EDU
PERALTA@BIOLOGY.RUTGERS.EDU

FOR RU LAB USE ONLY:

INITIAL: _____
ML: _____
ID#: _____

Ship the blood at room temperature in the safety mailer provided. Enclose a copy of this form with the blood kit. Keep a copy of this form. Item 1 to 8 below must be key entered into the database.

Section A. To Be Completed at the FSGS Participating Site

Name and Street Address of
FSGS Participating Site:

NIHNO PID
[] [] [] - [] [] [] [] [] [] [] []

ALPHCD
[] []

VISN
[] [] []

1. Sample ID Number
(NIH Repository Site Identifier – FSGS Participant ID)

2. Alpha Code
(Alternate ID)

3. Visit Number

Sex: M ___ F ___ Age: ___

- 4. Date blood drawn (dd/mmm/yyyy) ___/___/___ DRAWDT
- 5. Number of 3.5 ml yellow ACD tubes of blood sent to DNA Repository SENTUB1
- 6. Number of 8.5 ml yellow ACD tubes of blood sent to DNA Repository SENTUB2
- 7. Date specimen shipped to Repository (dd/mmm/yyyy) ___/___/___ SHIPDT
- 8. Username of person completing this form

Contact the Rutgers Cell Repository to convey package tracking number/date of shipment (see below). If blood is shipped on a Friday for Saturday delivery, check FedEx form for Saturday delivery.

Emailed/Faxed/
Call in to: Rutgers University Cell Repository ___/___/___
(See Rutgers fax and phone numbers above) Date Time (24 hour clock)

Package Tracking #: _____ (Check Saturday delivery on delivery form if applicable)

Section B. To Be Completed at the Rutgers University Cell Repository

Prior Notification Rec'd: Yes ___ No ___ - If Yes, Date/Time ___/___/___ AM / PM
Confirmation of receipt of blood
Sample to NIDDK Site sent by: _____ Date ___/___/___