



Genetics of Kidneys in Diabetes Study

Clinic Forms Inventory

The originals of all forms completed during the preceding week should be collected and sorted by Form Number and by Family ID and Proband/Relative Code within the Form Number. Then, in the space provided below, list the forms which are being mailed. Use extra pages of this form if necessary. The Study Week Number to be used is for the Thursday on which the forms are mailed. After completing this form, you should complete the Forms Mailing List (Form 221.1GK). If there are no forms to be mailed this week, complete only the GoKind Forms Mailing List. Send the original copy of this form to the COC. Retain a copy in the clinic files.

Clinic Number ___ ___ ___ Clinic
Number of Forms Mailed ___ ___ ___ Binmfmd
Study Week Number ___ ___ ___ Bistwnm
Mailing Date ___ / ___ / ___ Bimaildt
Month Day Year

Table with 5 columns: FORM NUMBER, DATE OF FORM (Month Day Year), FAMILY ID NUMBER, PROBAND/RELATIVE CODE, and PROBAND/RELATIVE'S INITIALS (F M L). Rows include labels like Biformn1-16, Biformdt1-16, Bifamily1-16, Birlcode1-16, and Birlinit1-16, followed by numbered entries 1) through 16).

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