



Genetics of Kidneys in Diabetes Study

July 8, 2002

Form 221.3GK

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Forms Mailing List

Week #

This Forms Mailing List is used by the Study Coordinator to inventory the batch of forms being sent to the Coordinating Center. The number of each type of form included in the batch is indicated. The forms should be sorted by ascending GoKinD Form Number, and by ascending Family ID and Proband/Relative Code within form number. If X number of envelopes are required to mail the week's forms, indicate on the bottom left hand corner of each envelope front whether it is number 1 of X, 2 of X, etc. The Forms Mailing List and the Clinic Forms Inventory (Form 220GK) must be placed on the top of the stack in envelope number 1. Forms should be mailed weekly. Another copy of the Forms Mailing List is to be faxed to the Coordinating Center. If there are no forms to be faxed, check the appropriate box below and fax this form alone. (COC FAX #: 301-881-4471)

GoKinD Clinic Number

Check here if there are no forms this week

Mailing Date

 / /
Month Day Year

Number of envelopes mailed

FORM NUMBER

NAME

To be Filled Out by:
Clinic COC

200GK	Checklist for Proband/Relatives	_____	_____
202GK	Personal Information on Proband/Relative	_____	_____
203GK	Notification of Death	_____	_____
207GK	Notification of Transfer, Remote Site Collection, or Refusal to Participate	_____	_____
210GK	Medical History and Physical Examination	_____	_____
211GK	Current Medication Form	_____	_____
220GK	Clinic Forms Inventory	_____	_____
221GK	Forms Mailing List	_____	_____
222GK	Genetic Specimen Mailing List	_____	_____
223GK	Hemoglobin Alc Specimen Mailing List	_____	_____
224GK	Lipid, Serum Creatinine, & Cystatin C Specimen Mailing	_____	_____
225GK	Urine Specimen Mailing List	_____	_____
226GK	Hemoglobin Alc Quality Control Mailing List	_____	_____
227GK	Lipid, Serum Creatinine & Cystatin C Q/C Mailing List	_____	_____
228GK	Urine Quality Control Mailing	_____	_____
229GK	Genetic Quality Control Mailing List	_____	_____
230GK	Saved Specimen Mailing List	_____	_____

OTHERS :

* * * T O T A L * * *

Type or print name of person completing this form:

Certification #:
