



Genetics of Kidneys in Diabetes Study

### Supply Reorder Form

Clinic Number: \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Study Coordinator: \_\_\_\_\_  
 Date Ordered: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dear Study Coordinator:

Please use this form to reorder study supplies. FAX it to the attention of Seeta Gowda at 301-881-4471. You should allow 1-2 weeks for us to process and ship your request, so please plan ahead! Also, please reorder forms by packs (25 per pack), except Death Notices (10 forms per order).

<u>ITEM</u>	<u>QUANTITY</u>
GoKinD Directory	_____
GoKinD Pre-Addressed Envelopes	_____
GoKinD Manual of Operations	_____
GoKinD Labels (for blood/urine collection tubes)	_____
GoKinD Protocol	_____
Patient Brochures (English)	_____
Patient Brochures (Spanish)	_____
8½ X 11 Color Flyer (English)	_____
8½ X 11 Color Flyer (French)	_____
Point-of-Purchase Display Board	_____
Point-of-Purchase Extra Tear-Off Packets	_____
Print Public Service Announcements	_____
Refrigerator Magnets	_____
Study Reference Cards	_____
Tape Measure	_____

**Forms:**

200 _____	210 _____	221 _____	225 _____	229 _____
202 _____	211 _____	222 _____	226 _____	230 _____
203 _____	212 _____	223 _____	227 _____	
207 _____	220 _____	224 _____	228 _____	