



Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* HALT PKD ID number, clinical center ID, and visit number.

Participant ID: _____ *haltid* Clinical Center: _____ *clinic* Date of Visit: ____/____/____
month *dvm* day *dvd* year *dvy*
 visit: _____ **Form was not completed** *misfrm*

Missing Data Codes: A-Participant Refused B-Reading Not Possible C-Institutional Error

URINE SAMPLE COLLECTION FORM

Form # 16

This form is to be completed at Visits B1, F5, F12, then annually. It must be entered within 2 weeks of samples collection. If Missing Data Codes are used, enter code in both fields of Collection Time (e.g., BB:BB). Quality Control samples (taken from the same collection as the original sample) have a unique accession number and must be indistinguishable from original samples. Samples are to be stored in a -20C freezer and batch-shipped to a central lab or repository within four months.

1. 24-Hour Urine Collection: Please complete the coordinator checklist for 24-hour urine collection.

Collection From: Date ____/____/____ Time ____:____ (24 hr) Total Collection Volume: _____ mL
cfm cfrd cfry cfrhour : cfrmin tcvol
 To: Date ____/____/____ Time ____:____ (24 hr) Total Collection Time: _____ hours _____ min
ctom ctod ctoy ctohour : ctomin tolchour tolcmn
 Time is automatically calculated when form is entered.

If female, was the participant menstruating during sample collection? 1 Yes 2 No 3 N/A *menstr*

- 1 24-hour urine sample unacceptable or not collected *notcol*
- 1 Spot urine sample unacceptable or not collected *nospot*
- 1 Urine volume lost or not obtained *nouvol*

SAMPLES FOR Cleveland Clinci Lab Facility: Urine Chemistry (#2) and Urine Aldosterone (#3)

Storage Instructions: Store all back-up samples (-B) in an area separate from original samples (-A). Back-up samples must be stored at the site (-20C) until results are available. DO NOT mark QC samples in any way that would distinguish them from original samples.

Shipping Instructions: Urine samples are batch-shipped monthly on at least five pounds of dry ice (within four months of collection). Send urine chemistry and aldosterone samples to the CCF on the last Monday of each month.

Ship to: Dr. Sihe Wang
 HALT-PKD Study
 Cleveland Clinic Laboratories
 2119 E. 93rd Street, L-15
 Cleveland, OH 44106 Phone: 216-448-8416

2. Chemistry Samples: For each sample listed below, aliquot 10 ml of urine into a 15-ml tube and freeze at -20C. Samples are to be batch-shipped to the Cleveland Clinic Lab Facility within four months of collection.

24-hour Urine for Chemistry	Accession# / Bar Code Label
A. Urine Chemistry Sample Label: "U Chem" (Use suffix -A on tube)	<small><i>ucaccho</i></small> Place Label Here
B. Urine Chemistry Sample for QC Label: "U Chem" (Use suffix -A on tube) QC Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<small><i>ucqaccho</i></small> Place Label Here <input type="checkbox"/> N/A
C. Back-up Urine Chemistry Sample Label: "U Chem" (Use suffix -B on tube)	No Label Required



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3. Aldosterone Samples: Aliquot 20 mL into a pre-made 50 ml tube containing 0.2 mg of boric acid and shake. For each sample below, transfer 4 ml of the urine/acid mixture into a 5 ml tube and freeze at -20C. Samples are to be batch-shipped to the Cleveland Clinic Lab Facility within four months of collection.

24-hour Urine for Aldosterone	Accession# / Bar Code Label
A. Aldosterone Sample Label: "U Aldo" (Use suffix -A on tube)	<i>alaccno</i> Place Label Here
B. Aldosterone Sample for QC Label: "U Aldo" (Use suffix -A on tube) QC Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>alqcaccno</i> Place Label Here <input type="checkbox"/> N/A
C. Back-up Aldosterone Sample Label: "U Aldo" (Use suffix -B on tube)	No Label Required

ARCHIVED URINE SAMPLES FOR THE NIDDK BIOSAMPLE REPOSITORY: 24-hr no acid (#4), w/ acid (#5), fresh void (#6)

Storage Instructions: Samples are to be stored at the site (-20C) for up to four months after collection.

Shipping Instructions: Samples are to be batch-shipped monthly on at least five pounds of dry ice (within four months of collection). Send 24-hour Urine (with and without boric acid), and Freshly Voided Urine samples to the NIDDK Biosample Repository at Fisher. Use pre-printed Fed Ex airbills. Do not ship on Friday.

4. 24-hour Urine for Biosample Repository (pure/no acid):
 For each sample below, aliquot 5 ml of 24-hour urine into each of four 5-ml cryovial and freeze at -20C. Samples are to be batch-shipped to the Biosample Repository at Fisher within four months of collection.

24-hour Biosample (No Acid)	Accession# / Bar Code Label
24-hr Urine BioSample Label: "Bio-24 N"	<i>a24accno</i> Place Label Here



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5. 24-hour Urine for Biosample Repository (containing boric acid):

Aliquot 20 mL into a pre-made 50 ml tube containing 0.2 mg of boric acid and shake.

For each sample below, aliquot 5 ml of urine/acid mixture into each of four 5-ml cryovial and freeze at -20C.

Samples are to be batch-shipped to the Biosample Repository at Fisher within four months of collection.

24-hour Biosample containing Boric Acid	Accession# / Bar Code Label
<p>24-hr Urine BioSample Label: "Bio-24 A"</p>	<p><i>p24accno</i></p> <p>Place Label Here</p>

6. Freshly Voided Urine Samples for BioRepository:

For each sample below, aliquot 5 ml of freshly voided urine into each of four 5-ml cryovial and freeze at -20C.

Samples are to be batch-shipped to the Biosample Repository at Fisher within four months of collection.

Type of Sample	Accession# / Bar Code Label
<p>Freshly Voided Urine BioSample Label: "Bio-F"</p>	<p><i>fuaccno</i></p> <p>Place Label Here</p>

HALT PKD staff member completing this form: _____ *cmidnum* Date: ____/____/____
Month *cdm* Day *cdd* Year *cdy*

Data Entry Status: Please check to indicate that the above information has been entered

Primary Entered by: _____ *deidnum* Date: ____/____/____
dem Month *ded* Day *dey* Year