



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 Collection ____/____/____
dcm dcd dcy

visit: _____ Repeat Collection *gcrepet* Form not completed *misfrm*

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

GENETIC SAMPLE COLLECTION FORM

Form # 17

The genetic sample is to be collected only if the participant has consented, at visit F5 or after. If the participant refuses, or if the collection is not requested (former CRISP participant), check "Form not completed" above. The form must be entered within two weeks of sample collection. Samples are to be shipped at room temperature (ambient) the day of collection.

Confirm the participant's age and gender:

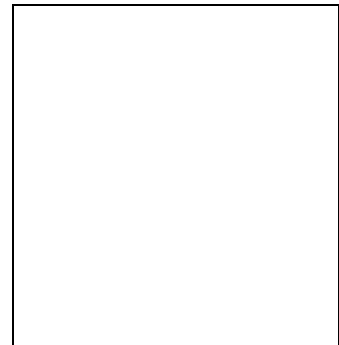
SAMPLE COLLECTION AND HANDLING INSTRUCTIONS: **IMPORTANT: DO NOT SEND THIS FORM WITH SAMPLES.**

1. Has the participant signed the consent agreeing to cell immortalization? 1 Yes Date Signed: ____/____/____
gcsig *gcsigm/gcsigd/gcsigy*
2 No, will invite later 3 No, will not invite later 4 N/A, CRISP participant

2. Label 2 yellow-top tubes and 1 purple-top tube for genetic sample (ACD and EDTA, 8.5 mL each). The barcode is to be read along the length of the tube. The blood level must be seen throughout the length of the tube. Labels must not wrap entirely around the circumference of the tube making it impossible to see the full length of the specimen through the tube. DO NOT write personal identification information (e.g., Name, SS#, DOB) on tubes or forms.

3. Affix matching label to corresponding space provided on this collection form AND complete NIDDK Phlebotomy Form.

Accession Number: *accno*
(Place Label Here)



4. All three tubes should be FILLED COMPLETELY with whole blood for cell immortalization and genetic testing. Double check that the information on all three tubes and both collection forms matches.

5. INVERT EACH TUBE GENTLY 6 TIMES to mix contents. **KEEP AT ROOM TEMPERATURE.** **DO NOT REFRIGERATE.**

SHIPPING INSTRUCTIONS:

6. Place all three tubes with labels face down in shipping container. Cover tubes with blue tape to secure them in place. DO NOT cover labels with tape as labels may tear when the tape is removed. One mailer may contain samples for two participants. Each sample should be accompanied by a completed NIDDK phlebotomy form.

7. Sample should be shipped to Rutgers the day of collection. If absolutely necessary, sample may be shipped no later than three days after collection (if drawn Friday, ship the following Monday). If Saturday Delivery is necessary, confirm this with Rutgers lab in advance and select "Saturday Delivery" for FedEx. Refer to shipping instructions for Polyfoam Packer.

Comments: _____
gscmt

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

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

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