



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 _____ / _____ / _____
dvm *dvd* *dvy*
visit: _____ Repeat Collection *repet* _____ Form not completed *misfrm*

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

CENTRAL SERUM CREATININE SAMPLE COLLECTION FORM

Form # 19

This form is to be completed at every clinic visit starting with the baseline visit, and anytime a repeat sample is required (if >20% difference at baseline or >2x baseline average). It is to be entered within 2 weeks of sample 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 tube as the original sample) have a unique accession number and must be indistinguishable from original samples.

LABELS:

Affix the "Serum-C1" label to page two of this form (accession number without a suffix).

Use "Serum-C2" for the second serum sample collected at baseline.

Affix corresponding labels on sample tubes (accession number + suffix -A for original samples, suffix -B for back-up samples).

For QC samples, use the "Serum-C1" label with a unique accession number and suffix -A.

1. Has the participant followed HALT-PKD activity/consumption guidelines to prepare for this visit? *ok4col* 1 Yes 0 No
If no, please explain: _____ *nocmnt*

For all visits, a light meal may be eaten at least two hours before sample collection, and only clear liquids consumed in the interim.
For B1 visit, the second sample to be drawn ≥ 1 hour after the first, and only clear liquids consumed in the interim.

2. Sample Collection: Check all that apply. All excess serum will be frozen as a back-up sample until results are available.

Primary Sample-- NO QC sample required. Collect 7-10 mls of blood in one serum separator tube (SST). Allow the blood to clot 30 minutes and centrifuge for 10 minutes. Transfer one ml into a single five-ml tube. *psnqc* 1 Yes 0 No

Primary Sample-- QC sample is required. Collect 7-10 mls of blood in one serum separator tube (SST). Allow blood to clot 30 minutes and centrifuge for 10 minutes. Transfer 1 ml into each of TWO five-ml tubes *psqc* 1 Yes 0 No

Secondary Sample Baseline/F5 Only-- NO QC sample required. Collect 7-10 mls of blood in a serum separator tube (SST). Allow the blood to clot 30 minutes and centrifuge for 10 minutes. Transfer one ml into a single five-ml tube. *ssnqc* 1 Yes 0 No

Repeat Sample-- NO QC sample required. Collect 7-10 mls of blood in one serum separator tube (SST). Allow the blood to clot 30 minutes and centrifuge for 10 minutes. Transfer one ml into a single five-ml tube. *rsnqc* 1 Yes 0 No

Repeat Sample-- QC sample is required. Collect 7-10 mls of blood in one serum separator tube (SST). Allow blood to clot 30 minutes and centrifuge for 10 minutes. Transfer 1 ml into each of TWO five-ml tubes. *rsqc* 1 Yes 0 No

3. *commnt*

Comments: _____

Shipping Instructions: All baseline and F5 samples, repeat baseline samples, and repeat samples after initial doubling must be shipped the day of collection (refrigerated or frozen, being allowed to thaw en route). Do not ship on Friday. Include the shipping manifest for each sample sent (lab will verify receipt and condition of samples). Freeze excess fluid as a back-up sample until results are available. Store routine follow-up samples at -20 degrees Celsius and batch-ship every 2 weeks (allowing samples to thaw en route).

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



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Form # 19

Type of Sample	Collection Time 24hr	Accession# / Bar Code Label
A. Primary or Repeat Sample Label: "Serum-C1" (Use suffix -A on tube)	<i>pshour : psmin</i>	<i>psaccno</i> Place Label Here
B. QC Sample (From Primary Draw) Label: "Serum-C1" (Use suffix -A on tube)	N/A	<i>qcaccno</i> Place Label Here (accession number does <u>not</u> match A above)
C. Back-up primary or repeat sample Label: "Serum-C1" (Use suffix -B on tube)	N/A	No Label Required
D. Second Draw at B1 and F5 Label: "Serum-C2" (Use suffix -A on tube)	<i>sshour : ssmin</i>	<i>ssaccno</i> Place Label Here
E. Back-up Second Draw Label: "Serum-C2" (Use suffix -B on tube)	N/A	No Label Required

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

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

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