

T1DGC Blood Collection Form: Participant ID
Original Collection
(Every Participating Family Member)
Page 2 of 5

Clinic ID

Secondary ID

6. Exam Blood Collection

Tube	Handling	Aliquoting/Labeling	Status
7.5 ml green top (sodium heparin) OR 8.5 ml yellow top (CPDA)	hold at room temperature; do not chill, aliquot or centrifuge	a. Green or yellow top tube(s) Yes <input type="checkbox"/> 1 (no processing or aliquoting) No <input type="checkbox"/> 2 large ID label MARK YES IF ANY TUBE COLLECTED, NO IF NONE COLLECTED. <i>Younger than 16 years: one tube</i> <i>16 years or older: two tubes</i> b. Number of green or yellow top tubes <input type="text"/> (1 or 2 specified) RECORD NUMBER OF TUBES COLLECTED. c. Consent for cell line? Yes <input type="checkbox"/> 1 IF NO, LABEL TUBES No <input type="checkbox"/> 2 "DNA ONLY - NO CELL LINE".	ship fresh sample daily; include fresh EDTA cell pack samples in shipment
7.5 ml red top (serum)	place in rack or 30-60 minute before centrifuging	d. 0.5 ml serum aliquots Yes <input type="checkbox"/> 1 small ID label No <input type="checkbox"/> 2 (storage/autoantibodies) MARK YES IF ANY VIALS FILLED, NO IF NONE FILLED. e. Number of storage aliquots <input type="text"/> (5 specified) RECORD NUMBER OF SERUM STORAGE SAMPLES OBTAINED.	freeze after aliquoting

cell_line

n_cl

c_cline

serum

n_serum

T1DGC Blood Collection Form: Participant ID
Original Collection
(Every Participating Family Member)
Page 3 of 5

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6. Exam Blood Collection (continued)

Tube	Handling	Aliquoting/Labeling	Status
4.9 ml purple top (EDTA)	place in ice water for 30-60 minutes before centrifuging	f. 0.5 ml EDTA plasma aliquots small ID label (storage) MARK YES IF ANY VIALS FILLED, NO IF NONE FILLED. g. Number of storage aliquots (4 specified) RECORD NUMBER OF PLASMA STORAGE SAMPLES OBTAINED.	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 freeze after aliquoting
		h. Cell pack from EDTA tube MARK YES IF AVAILABLE, NO IF NOT AVAILABLE.	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 ship fresh sample daily; include with cell line samples

plasma
n_plasma
cell_pack

7. Is participant quality control? Yes 1
 QC PARTICIPANT MUST BE AT LEAST 16 YEARS OLD. (SKIP TO QUESTION 11.) No 2

qc

8. Which quality control? QC - Red 1
 (Proband or affected sibling only) QC - Purple (Any family member) QC - Purple 2

qctype

9. Quality control label

AFFIX BAR-CODED QC LABEL

qcid

T1DGC Blood Collection Form: Participant ID
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Page 4 of 5

Clinic ID

Secondary ID

10. QC Blood Collection				
Tube	Handling	Aliquoting/Labeling	Status	
QC - Red 7.5 ml red top (serum)	place in rack or 30-60 minutes before centrifuging	a. 0.5 ml serum aliquots Yes <input style="width: 20px; height: 20px;" type="checkbox"/> 1 small ID label No <input style="width: 20px; height: 20px;" type="checkbox"/> 2 (storage/autoantibodies) MARK YES IF ANY VIALS FILLED, NO IF NONE FILLED.	freeze after aliquoting	
		b. Number of storage aliquots (5 specified) <input style="width: 40px; height: 20px;" type="text"/> RECORD NUMBER OF SERUM STORAGE SAMPLES OBTAINED.		qcserum
QC - Purple 4.9 ml purple top (EDTA)	place in ice water or 30-60 minutes before centrifuging	c. 0.5 ml EDTA plasma aliquots Yes <input style="width: 20px; height: 20px;" type="checkbox"/> 1 small ID label (storage) No <input style="width: 20px; height: 20px;" type="checkbox"/> 2 MARK YES IF ANY VIALS FILLED, NO IF NONE FILLED.	freeze after aliquoting	
		d. Number of storage aliquots (4 specified) <input style="width: 40px; height: 20px;" type="text"/> RECORD NUMBER OF PLASMA STORAGE SAMPLES OBTAINED.		n_qcs
		e. Cell pack from EDTA tube Yes <input style="width: 20px; height: 20px;" type="checkbox"/> 1 MARK YES IF AVAILABLE, No <input style="width: 20px; height: 20px;" type="checkbox"/> 2 NO IF NOT AVAILABLE.	qcplasma	
		ship fresh sample daily; include with cell line samples		n_qcp
				qccpack

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Page 5 of 5

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11. ID of nurse/technician collecting blood	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						code3n
12. ID of nurse/technician processing blood	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						code3p
13. ID of person editing form	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						code3e