

**T1DGC Blood Collection Form:  
Re-collection**

Participant ID

pid

Clinic ID

Secondary ID

b2center  
psid

**BEFORE COLLECTING BLOOD, ASK PARTICIPANT: DO YOU HAVE ANY BLEEDING DISORDERS? IF YES, COLLECT BLOOD UNDER PHYSICIAN SUPERVISION.**

1. Re-collection date

		-		-				
Day			Month		Year			

d\_blood2

2. Reason for re-collection

Could not obtain sample during initial exam		1
Loss of sample		2
Failed cell line		3

redraw

3. Was any blood collected?

IF NO, RECORD REASON AND SKIP TO QUESTION 8.

Yes		1
No		2

drawn2

Reason: \_\_\_\_\_

4. Time blood collected

		:		
Hours			Minutes	
24 hour clock				

tm\_drawn2

5. Time specimens centrifuged

		:		
Hours			Minutes	
24 hour clock				

tm\_spun2

6. Time specimens frozen

		:		
Hours			Minutes	
24 hour clock				

tm\_frozen2

Secondary ID: Proband = AS1; Affected Sibling = AS2; Father = FA; Mother = MO; Unaffected Sibling 1 = UN1; Unaffected Sibling 2 = UN2; Additional Affected Siblings = AS3, AS4, AS5

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**7. 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) (no processing or aliquoting) large ID label Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 MARK YES IF ANY TUBE COLLECTED, NO IF NONE COLLECTED.  <b>Younger than 16 years: one tube</b> <b>16 years or older: two tubes</b>  b. Number of green or yellow top tubes (1 or 2 specified) RECORD NUMBER OF TUBES COLLECTED. <input style="width: 30px;" type="text"/>  c. Consent for cell line? IF NO, LABEL TUBES "DNA ONLY - NO CELL LINE". Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	ship fresh sample daily; include fresh EDTA cell pack samples in shipment
7.5 ml red top (serum)	place in rack for 30-60 minutes before centrifuging	d. 0.5 ml serum aliquots small ID label (storage/autoantibodies) MARK YES IF <b>ANY</b> VIALS FILLED, NO IF NONE FILLED. Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2  e. Number of storage aliquots (5 specified) RECORD NUMBER OF SERUM STORAGE SAMPLES OBTAINED. <input style="width: 30px;" type="text"/>	freeze after aliquoting

cell\_line2

n\_cl2

c\_cline2

serum2

n\_serum2

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**7. 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 <b>ANY</b> VIALS FILLED, NO IF NONE FILLED.	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 freeze after aliquoting
		g. Number of storage aliquots (4 specified) RECORD NUMBER OF PLASMA STORAGE SAMPLES OBTAINED.	<input style="width: 30px; height: 20px;" type="text"/> n_plasma2
		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 cell_pack2

8. ID of nurse/technician collecting blood

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code4n

9. ID of nurse/technician processing blood

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code4p

10. ID of person editing form

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code4e