

**T1DGC Blood Collection Form:
Original Collection
(Case/Control)**

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Participant ID

pid

Clinic ID

Secondary ID

psid

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

1. Blood collection date

Day

Month

Year

d_blood

2. Was any blood collected?

IF NO, RECORD REASON AND SKIP TO QUESTION 11.

Yes 1
No 2

drawn

Reason: _____

3. Time blood collected

 :

Hours Minutes

24 hour clock

tm_drawer

4. Time specimens centrifuged

 :

Hours Minutes

24 hour clock

tm_spun

5. Time specimens frozen

 :

Hours Minutes

24 hour clock

tm_frozer

Secondary ID: Case = CAS, Control = CON

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6. Exam Blood Collection

Tube	Handling	Aliquoting/Labeling	Status
<p>7.5 ml green top (sodium heparin) OR 8.5 ml yellow top (CPDA)</p>	<p>hold at room temperature; do not chill, aliquot or centrifuge</p>	<p>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.</p> <p>Younger than 16 years: one tube 16 years or older: two tubes</p> <p>b. Number of green or yellow top tubes (1 or 2 specified) <input style="width: 30px;" type="text"/> RECORD NUMBER OF TUBES COLLECTED.</p> <p>c. Consent for cell line? Yes <input type="checkbox"/> 1 IF NO, LABEL TUBES No <input type="checkbox"/> 2 "DNA ONLY - NO CELL LINE".</p>	<p>ship fresh sample daily; include fresh EDTA cell pack samples in shipment</p>
<p>7.5 ml red top (serum)</p>	<p>place in rack for 30-60 minutes before centrifuging</p>	<p>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.</p> <p>e. Number of storage aliquots (5 specified) <input style="width: 30px;" type="text"/> RECORD NUMBER OF SERUM STORAGE SAMPLES OBTAINED.</p>	<p>freeze after aliquoting</p>

cell_line

n_cl

c_cline

serum

n_serum

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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.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: right;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: right;">1</td> <td rowspan="2" style="vertical-align: middle;">freeze after aliquoting</td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">2</td> </tr> </table>	Yes	<input type="checkbox"/>	1	freeze after aliquoting	No	<input type="checkbox"/>	2
Yes	<input type="checkbox"/>	1	freeze after aliquoting							
No	<input type="checkbox"/>	2								
		h. Cell pack from EDTA tube MARK YES IF AVAILABLE, NO IF NOT AVAILABLE.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: right;">Yes</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 10%; text-align: right;">1</td> <td rowspan="2" style="vertical-align: middle;">ship fresh sample daily; include with cell line samples</td> </tr> <tr> <td style="text-align: right;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">2</td> </tr> </table>	Yes	<input type="checkbox"/>	1	ship fresh sample daily; include with cell line samples	No	<input type="checkbox"/>	2
Yes	<input type="checkbox"/>	1	ship fresh sample daily; include with cell line samples							
No	<input type="checkbox"/>	2								

plasma

n_plasma

cell_pack

7. Is participant quality control? QC PARTICIPANT MUST BE AT LEAST 16 YEARS OLD. (SKIP TO QUESTION 11.)

	Yes	<input type="checkbox"/>	1	qc
	No	<input type="checkbox"/>	2	

8. Which quality control? (Case only) QC - Red (Control only) QC - Purple

	(Case only) QC - Red	<input type="checkbox"/>	1	qctype
	(Control only) QC - Purple	<input type="checkbox"/>	2	

9. Quality control label

AFFIX BAR-CODED QC LABEL

qcid

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10. QC Blood Collection				
Tube	Handling	Aliquoting/Labeling		Status
QC - Red 7.5 ml red top (serum)	place in rack for 30-60 minutes before centrifuging	a. 0.5 ml serum aliquots small ID label (storage/autoantibodies) MARK YES IF ANY VIALS FILLED, NO IF NONE FILLED.	Yes <input style="width: 20px; height: 15px;" type="checkbox"/> No <input style="width: 20px; height: 15px;" type="checkbox"/>	1 2 freeze after aliquoting
		b. Number of storage aliquots (5 specified) RECORD NUMBER OF SERUM STORAGE SAMPLES OBTAINED.	<input style="width: 30px; height: 25px;" type="text"/>	n_qcs
QC - Purple 4.9 ml purple top (EDTA)	place in ice water for 30-60 minutes before centrifuging	c. 0.5 ml EDTA plasma aliquots small ID label (storage) MARK YES IF ANY VIALS FILLED, NO IF NONE FILLED.	Yes <input style="width: 20px; height: 15px;" type="checkbox"/> No <input style="width: 20px; height: 15px;" type="checkbox"/>	1 2 freeze after aliquoting
		d. Number of storage aliquots (4 specified) RECORD NUMBER OF PLASMA STORAGE SAMPLES OBTAINED.	<input style="width: 30px; height: 25px;" type="text"/>	n_qcp
		e. Cell pack from EDTA tube MARK YES IF AVAILABLE, NO IF NOT AVAILABLE.	Yes <input style="width: 20px; height: 15px;" type="checkbox"/> No <input style="width: 20px; height: 15px;" type="checkbox"/>	1 2 ship fresh sample daily; include with cell line samples
				qccpack

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11. ID of nurse/technician collecting blood

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code3n

12. ID of nurse/technician processing blood

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code3p

13. ID of person editing form

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code3e