

T1DGC Notification to Destroy Samples

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T1DGC Participant ID

COMPLETED BY COORDINATING CENTER

1. Date
 - -

Day Month Year

2. Reason for destroying samples
 Consent not obtained 1
 Withdrew consent 2
 Ineligible 3
 Consent not obtained for cell line 5
 Other 4

If other, provide additional information or explanation:

3. Clinic ID associated with participant ID

Clinic ID

4. Type of samples to be destroyed (CHECK ALL THAT APPLY.)
 Serum aliquots 1
 Plasma aliquots 1
 Green top tubes 1
 Cell pack 1
 DNA aliquots 1
 Cell line aliquots 1

5. Number of each sample type to be destroyed (**NOTE: Reflects full inventory of all known participant samples across all laboratories and clinics.**)

Serum aliquots
 *Green top tubes
 ***DNA aliquots

Plasma aliquots
 **Cell pack
 ****Cell line aliquots

* For Network DNA Repositories, this reflects the number of green top tubes received; please destroy all PBLs LCLs and DNA aliquots associated with these samples UNLESS reason for destroying samples is "consent not obtained for cell line"; then, destroy all samples except PBMC.
 ** Please destroy all DNA aliquots extracted from the cell pack.
 *** This reflects the total number of DNA aliquots shipped from Network DNA Repositories to other facilities.
 **** For Rutgers or Contributing Investigator Requests, this reflects the number of cell line aliquots received.

T1DGC Notification to Destroy Samples

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T1DGC Participant ID

6. Authorized Coordinating Center signature

7. Date sent to Regional Network Center

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 Day Month Year

COMPLETED BY REGIONAL NETWORK CENTER

8. Regional Network decision

Approved

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 1
Not approved

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 2

9. Authorized Regional Network Center signature

10. Date sent to Coordinating Center

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 Day Month Year

COMPLETED BY COORDINATING CENTER

11. Notification sent to following T1DGC study sites (ID completed for applicable sites)

a. Clinic ID

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b. Shipping ID

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 Autoantibody and Storage Laboratory ID

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c. Shipping ID

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 DNA Repository ID

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Shipping ID

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d. Shipping ID

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 HLA Genotyping Laboratory ID

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COMPLETED BY COORDINATING CENTER																				
11. Notification sent to following T1DGC study sites (ID completed for applicable sites) (Continued)																				
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	Reason for additional Shipping ID _____																			
12.	Date notification sent to T1DGC laboratory or clinic	<table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="text-align: center; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 100px; height: 20px;"></td> <td style="text-align: center; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td></td> <td></td> <td style="text-align: center; font-size: small;">Month</td> <td></td> <td style="text-align: center; font-size: small;">Year</td> <td></td> <td></td> <td></td> </tr> </table>			-		-					Day			Month		Year			
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Day			Month		Year															

T1DGC Notification to Destroy Samples

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T1DGC Participant ID

COMPLETED BY T1DGC LABORATORY OR CLINIC

13. T1DGC laboratory or clinic (COMPLETE ONLY ONE.)

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Lab ID

OR

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Clinic ID

14. Type of samples destroyed (CHECK ALL THAT APPLY.)

Serum aliquots	<input type="checkbox"/>	1
Plasma aliquots	<input type="checkbox"/>	1
Green top tubes	<input type="checkbox"/>	1
Cell pack	<input type="checkbox"/>	1
DNA aliquots	<input type="checkbox"/>	1
Cell line aliquots	<input type="checkbox"/>	1

15. Number of each sample type destroyed (Refer to Question 5 for number and type of sample(s) to be destroyed. Refer to Question 11 for the shipping ID associated with the sample(s) to be destroyed. COMPLETE ALL THAT APPLY TO YOUR FACILITY.)

Serum aliquots

*Green top tubes

***DNA aliquots

Plasma aliquots

**Cell pack

****Cell line aliquots

* For Network DNA Repositories, this reflects the number of green top tubes received; please destroy all PBLs LCLs and DNA aliquots associated with these samples UNLESS reason for destroying samples is "consent not obtained for cell line"; then, destroy all samples except PBMC.

** Please destroy all DNA aliquots extracted from the cell pack.

*** This reflects the total number of DNA aliquots shipped from Network DNA Repositories to other facilities.

**** For Rutgers or Contributing Investigator Requests, this reflects the number of cell line aliquots received.

16. Date samples destroyed

<input type="checkbox"/> Day	-	<input type="checkbox"/> Month	-	<input type="checkbox"/> Year
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17. Authorized laboratory or clinic signature

COMPLETED BY COORDINATING CENTER

18. Date completed notification form received at Coordinating Center

<input type="checkbox"/> Day	-	<input type="checkbox"/> Month	-	<input type="checkbox"/> Year
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19. Date completed notification form FAXed to Regional Network Center

<input type="checkbox"/> Day	-	<input type="checkbox"/> Month	-	<input type="checkbox"/> Year
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