

T1DGC Trio Participant Identification Form

AFFIX BAR-CODED
FAMILY ID LABEL

Last Name: _____

AFFIX BAR-CODED
FATHER ID LABEL

Father (FA)
Name: _____

AFFIX BAR-CODED
MOTHER ID LABEL

Mother (MO)
Name: _____

AFFIX BAR-CODED
PROBAND ID LABEL

Proband (AS1)
Name: _____

For clinic use only to link participant name to ID. Do not send to Regional Network Center.

Final Version (10/24/03)