

Site Number: \_\_\_\_\_

Participant ID: \_\_\_\_\_ - \_\_\_\_\_

3-Letter ID: \_\_\_\_\_

**A. COLLECTION INFORMATION (SEE INSTRUCTIONS ON BACK OF FORM)**

1. Date specimen collected: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM DD YYYY

2. Which visit, in the study sequence, is this form being completed for? (*check one*)

- 8 Month 3   
  17 Month 12   
  31 Month 30   
  33 Month 42   
  99 Other  
 11 Month 6   
  23 Month 18   
  32 Month 36   
  34 Month 48

**B. SPECIMEN INFORMATION**

1. Participant Height: \_\_\_\_\_ cm **or** \_\_\_\_\_ in   
 2. Participant Weight: \_\_\_\_\_ kg **or** \_\_\_\_\_ lb

3. BOOST Drink (6 ml/kg, up to 360 ml) \_\_\_\_\_ ml   
 4. MMTT start time: (24-hour clock) \_\_\_\_\_ : \_\_\_\_\_

5. Test completed?  Y  N   
 6. Number of samples enclosed: \_\_\_\_\_

a. If NO, specify reason: \_\_\_\_\_

	Sample Time (min)	a. Draw Time (24-hour clock)	b. Glucose Sample Collected?		c. C-Peptide Sample Collected?		d. Comments
			Y	N	Y	N	
7.	-10	___:___	Y	N	Y	N	_____
8.	0	___:___	Y	N	Y	N	_____
9.	15	___:___	Y	N	Y	N	_____
10.	30	___:___	Y	N	Y	N	_____
11.	60	___:___	Y	N	Y	N	_____
12.	90	___:___	Y	N	Y	N	_____
13.	120	___:___	Y	N	Y	N	_____

14. Technician Name: \_\_\_\_\_

15. Certification Number: TT-\_\_\_\_\_

16. Place MMT2 Barcode Label Here:    17. Place QC Barcode Label Here:



**Is this STF for a Split Duplicate Specimen?**

SPLIT DUPLICATE (check here)

**C. SHIPPING INFORMATION (SEE INSTRUCTIONS ON BACK OF FORM)**

1. Shipped By Name: \_\_\_\_\_    2. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Date Shipped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    4. Comments: \_\_\_\_\_

*On all questions write “?” if the desired information is currently unavailable, but is being checked and will be known in future updates.  
 Write “\*” if the desired information is permanently unavailable (i.e. will not be known in any future updates).*

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  34 Month 48

**B. SPECIMEN INFORMATION**

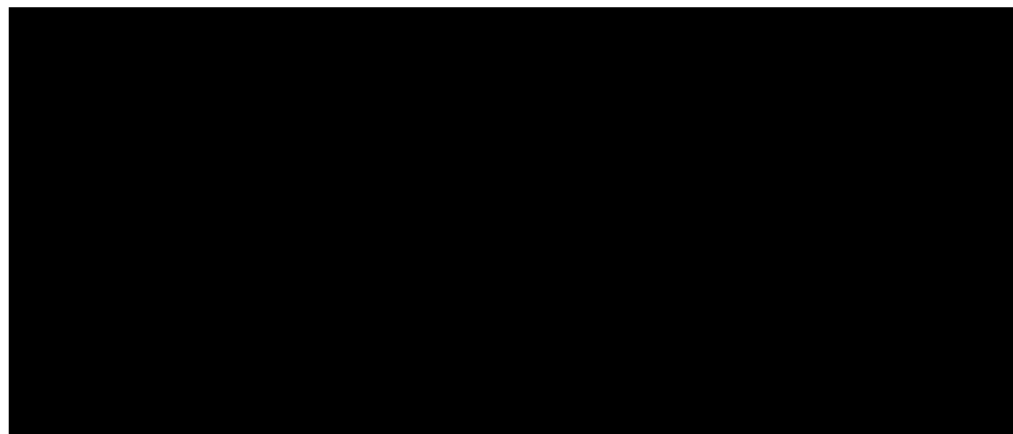
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\*\*Perform calculations on back
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7.	-10	____:____	Y N	Y N	_____
8.	0	____:____	Y N	Y N	_____
9.	15	____:____	Y N	Y N	_____
10.	30	____:____	Y N	Y N	_____
11.	60	____:____	Y N	Y N	_____
12.	90	____:____	Y N	Y N	_____
13.	120	____:____	Y N	Y N	_____

14. Technician Name: \_\_\_\_\_

15. Certification Number: TT-\_\_\_\_\_

16. Place MMT2 barcode label here:



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