

Site Number: _____

Participant ID: _____ - ____

3-Letter ID: _____

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

1. Date specimen collected (e.g. 05/Sep/2005):

____ / ____ / ____
 MM DD YYYY

2. Study visit: (check one)

1 Screening 18 Month 12 29 Month 24 99 Other

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) ***Perform calculations on back* _____ 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
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.	150	____:____	Y N	Y N	_____
15.	180	____:____	Y N	Y N	_____
16.	210	____:____	Y N	Y N	_____
17.	240	____:____	Y N	Y N	_____

18. Technician Name: _____

19. Certification: TT- _____

20. Place MMT4 Barcode Label Here: 21. 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: _____
 MM DD YYYY

*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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___/___/___
MM DD YYYY

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<input type="checkbox"/> 1 Screening	<input type="checkbox"/> 18 Month 12	<input type="checkbox"/> 29 Month 24	<input type="checkbox"/> 99 Other
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 1. Participant Height: _____ cm **or** _____ in 2. Participant Weight: _____ kg **or** _____ lb

 3. BOOST Drink (6 ml/kg, up to 360 ml) ****Perform calculations on back** 4. MMTT start time: (24-hour clock) _____ : _____
 _____ ml

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

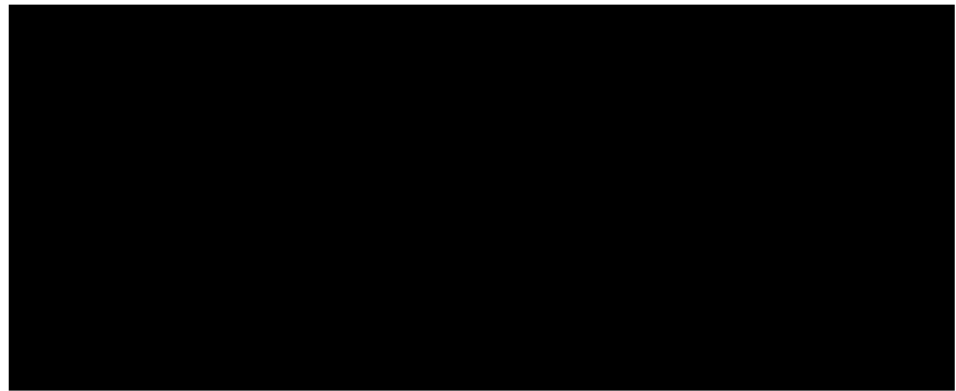
a. If NO, specify reason: _____

	Sample Time (min)	a. Draw Time (24-hour clock)	b. Glucose Sample Collected?	c. C-Peptide Sample Collected?	d. Comments
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.	150	___:___	Y N	Y N	_____
15.	180	___:___	Y N	Y N	_____
16.	210	___:___	Y N	Y N	_____
17.	240	___:___	Y N	Y N	_____

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 4. MMTT start time: (24-hour clock) _____ : _____

 5. Test completed? **Y** **N**
 6. Number of samples enclosed: _____

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	Sample Time (min)	a. Draw Time (24-hour clock)	b. Glucose Sample Collected?	c. C-Peptide Sample Collected?	d. Comments
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14.	150	___:___	Y N	Y N	_____
15.	180	___:___	Y N	Y N	_____
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