

Site Number: _____ Participant ID: _____ - _____

3-Letter ID: _____

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

1. Date specimen collected:

____/____/_____
 MM DD YYYY

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

- | | | | | |
|--------------------------------------|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1 Screening | <input type="checkbox"/> 6 Week 4 | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 29 Month 24 |
| <input type="checkbox"/> 2 Baseline | <input type="checkbox"/> 8 Month 3 | <input type="checkbox"/> 14 Month 9 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 99 Other |

B. SPECIMEN INFORMATION

1. How is the specimen being shipped?

1 Frozen 2 Unfrozen

2. How was the specimen stored prior to shipping?

1 Frozen 2 Unfrozen

3. Place BAA Barcode Label Here: 4. 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: ____/____/_____
 MM DD YYYY

4. Comments: _____

D. For TrialNet Core Lab Use Only

Sample Received? Y N

Date Received: ____/____/_____
 MM DD YYYY

Place Lab Barcode Label Here

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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B. SPECIMEN INFORMATION

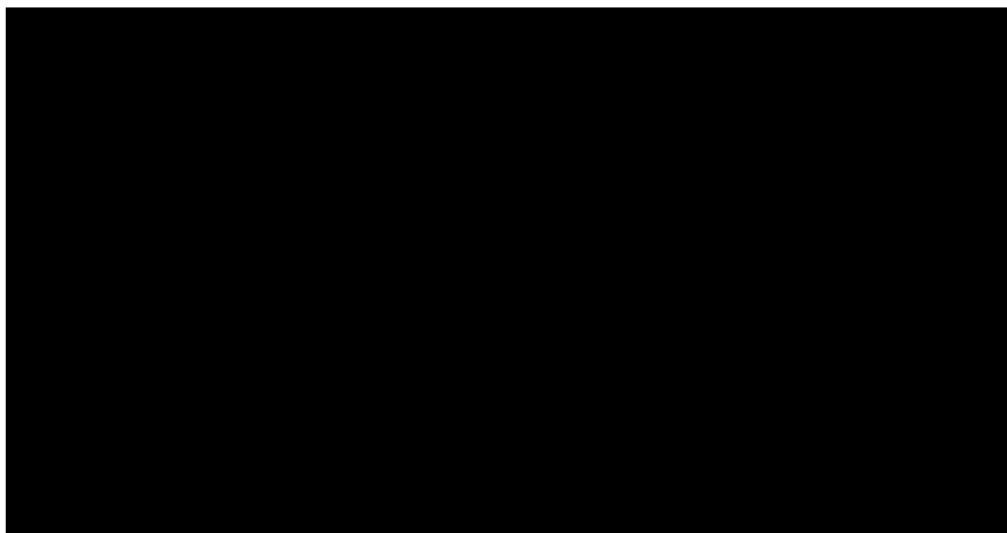
1. How is the specimen being shipped?

1 Frozen 2 Unfrozen

2. How was the specimen stored prior to shipping?

1 Frozen 2 Unfrozen

3. Place BAA barcode label here:



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

1. Shipped By Name: _____

2. Phone #: (____) _____ - _____

3. Date Shipped: ____/____/_____
MM DD YYYY

4. Comments: _____

D. For TrialNet Core Lab Use Only

Sample Received? Y N

Date Received: ____/____/_____
MM DD YYYY

Place Lab Barcode Label Here

Comments: _____

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B. SPECIMEN INFORMATION

1. How is the specimen being shipped?

1 Frozen 2 Unfrozen

2. How was the specimen stored prior to shipping?

1 Frozen 2 Unfrozen

3. Place BAA Barcode Label Here:

4. 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)

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3. Date Shipped: ____/____/____
MM DD YYYY

4. Comments: _____

D. For TrialNet Core Lab Use Only

Sample Received? Y N

Date Received: ____/____/____
MM DD YYYY

Place Lab Barcode Label Here

Comments: _____

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