MMF-DZB Study
CHEMISTRIES SPECIMEN TRANSMITTAL FORM

Form MMF99CH
September 6, 2007
Ver.2.1
Page 1 of 1

Type 1 Diabetes TrialNet

Site Number: __ __ __ __   Participant ID: __ __ __ __ - __   3-Letter ID: __ __ __

A. COLLECTION INFORMATION

1. Date specimen collected: __ __ / __ __ / __ __ __ __
   MM   DD   YYYY

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

☐ 1 Screening	☐ 7 Month 2	☐ 17 Month 12	☐ 31 Month 30	☐ 99 Other
☐ 2 Baseline	☐ 8 Month 3	☐ 23 Month 18	☐ 32 Month 36	
☐ 4 Week 2	☐ 11 Month 6	☐ 29 Month 24	☐ 33 Month 42	
☐ 6 Week 4	☐ 14 Month 9	☐ 30 Month 27	☐ 34 Month 48	

3. If sample drawn at site other than primary study site, indicate Site Number for reimbursement: __ __ __ __ __
   *NOTE: Site Number **must** correspond to a TrialNet Clinical Center, Affiliate, or Participating Physician*

B. SPECIMEN INFORMATION

1. Place CHEM Barcode Label Here: 2. Place QC Barcode Label Here:

FNm: _ _ _
Date:
TNet CHEM A
XXXXXXXX

FNm: _ _ _
Date:
TNet CHEM A
XXXXXXXX

Is this STF for a Split Duplicate Specimen?

☐   SPLIT DUPLICATE (check here)

C. SHIPPING INFORMATION

1. Shipped By Name: _____   2. Phone #: (__ __ __) __ __ __ - __ __ __ __

3. Date Shipped: __ __ / __ __ / __ __ __ __   4. Comments: _____
   MM   DD   YYYY

D. For TrialNet Core Lab Use Only

Sample Received?   Y   N   Date Received: __ __ / __ __ / __ __ __ __   **Place Lab Barcode Label Here**
                                               MM   DD   YYYY

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).*

Site Number: __ __ __ __ Participant ID: __ __ __ __ - __ 3-Letter ID: __ __ __

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1. Date specimen collected: __ __ / __ __ / __ __ __ __
   MM   DD   YYYY

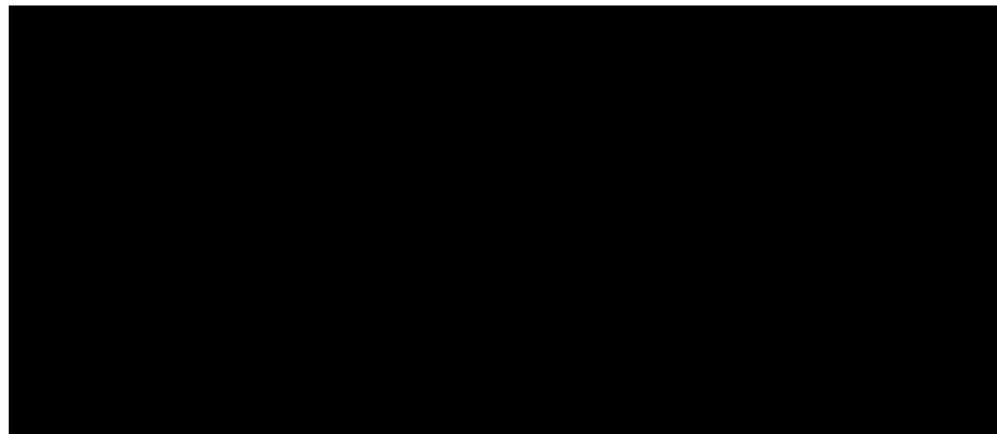2. For which visit, in the study sequence, is this form being completed? *(check one)*

   ☐ 1 Screening   ☐ 7 Month 2   ☐ 17 Month 12   ☐ 31 Month 30   ☐ 99 Other

   ☐ 2 Baseline   ☐ 8 Month 3   ☐ 23 Month 18   ☐ 32 Month 36

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B. SPECIMEN INFORMATION

1. Place CHEM barcode label here:

FNm: __ __ __
Date:
TNet CHEM A
XXXXXXXX

C. SHIPPING INFORMATION

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3. Date Shipped: __ __ / __ __ / __ __ __ __   4. Comments: _____
   MM   DD   YYYY

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TNet CHEM A
XXXXXXXX

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