

Site Number: _____ Participant ID: _____ - ____ 3-Letter ID: _____

A. COLLECTION INFORMATION (REFER TO 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"/> 7 Month 2 | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 15 Month 10 | <input type="checkbox"/> 23 Month 18 |
| <input type="checkbox"/> 2 Baseline | <input type="checkbox"/> 8 Month 3 | <input type="checkbox"/> 12 Month 7 | <input type="checkbox"/> 16 Month 11 | <input type="checkbox"/> 26 Month 21 |
| <input type="checkbox"/> 4 Week 2 | <input type="checkbox"/> 9 Month 4 | <input type="checkbox"/> 13 Month 8 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 29 Month 24 |
| <input type="checkbox"/> 6 Week 4 | <input type="checkbox"/> 10 Month 5 | <input type="checkbox"/> 14 Month 9 | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 99 Other |

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. Indicate analyses required: a. 1 EBV PCR b. 1 CMV PCR

2. Place VIRVL Barcode Label Here	3. Place QC Barcode Label Here

Is this STF for a Split Duplicate Specimen?

SPLIT DUPLICATE (check here)

C. SHIPPING INFORMATION (REFER TO INSTRUCTIONS ON BACK OF FORM)

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

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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Participant ID: _____ - ____

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b. 1 CMV PCR

3. Place VIRVL Barcode Label Here:



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3. Date Shipped: _____ / _____ / _____

____ / ____ / ____
 MM DD YYYY

4. Comments: _____

D. For TrialNet Core Lab Use Only

Sample Received? Y N

Y N

Date Received: _____ / _____ / _____

____ / ____ / ____
 MM DD YYYY

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