MMF-DZB Study

Form	MMF	'99HI
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TrialNet			HUMAN LEUKOCYTE ANTIGEN (HLA) SPECIMEN TRANSMITTAL FORM			October 01, 2005 Page 1 of 1
Site Nu	mber:	Screening ID:		First 3 L	etters of First Nam	ne:
A. COLLE	CTION INFO	RMATION				
barcode lab pen. ApplyAttach mateDraw 6 ml	pel sheet. Write in the barcode label vertice ching barcode labels blood in appropriate	ood collection tube with the first three letters of the peally. If from the same barcode sely labeled lavender top tule erature and ship as whole	participant's first name a heet to each page of this be (see above) and gently	nd the date of dra	w (MM/DD/YYYY) w	rith an alcohol-proo B.
1. Date specin	men collected:				/ MM DE	- / —
	IEN INFORM. Barcode Label He		TNet HLA A			
C. SHIPPIN	NG INFORMA	ATION				
M2 177 Au Pho • Ship spec		et, UCHSC				
1. Shipped B	sy Name:		2	2. Phone #:	()	
3. Date Ship	ped:/	//	4. Comments:			-
). For Tria	lNet Core Lab	Use Only				
Sample Recei	ived? Y N	Date Received:	/	- 	Place Lab Barco	de Label Here
Comments:						
Initials:		Aa DRB1:	HLAb DRB1:		HLA DQB1*0602	☐ Absent
D D		Aa DQA1: Aa DQB1:	HLAb DQA1: HLAb DQB1:			☐ Present
On all avection	ns write "?" if the A	esired information is curre	ently unavailable but is	heina checked and	d will he known in futu	re undates

ions write "?" if the desired information is currently unavailable, but is being checked and will be known in fu Write "*" if the desired information is permanently unavailable (i.e. will not be known in any future updates).