

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"/> 9 Month 4 | <input type="checkbox"/> 14 Month 9 | <input type="checkbox"/> 19 Month 14 | <input type="checkbox"/> 24 Month 19 | <input type="checkbox"/> 29 Month 24 |
| <input type="checkbox"/> 2 Baseline | <input type="checkbox"/> 10 Month 5 | <input type="checkbox"/> 15 Month 10 | <input type="checkbox"/> 20 Month 15 | <input type="checkbox"/> 25 Month 20 | <input type="checkbox"/> 99 Other |
| <input type="checkbox"/> 6 Week 4 | <input type="checkbox"/> 11 Month 6 | <input type="checkbox"/> 16 Month 11 | <input type="checkbox"/> 21 Month 16 | <input type="checkbox"/> 26 Month 21 | |
| <input type="checkbox"/> 7 Month 2 | <input type="checkbox"/> 12 Month 7 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 22 Month 17 | <input type="checkbox"/> 27 Month 22 | |
| <input type="checkbox"/> 8 Month 3 | <input type="checkbox"/> 13 Month 8 | <input type="checkbox"/> 18 Month 13 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 28 Month 23 | |

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. <input type="checkbox"/> 1 EBV Serology | c. <input type="checkbox"/> 3 CMV Serology | e. <input type="checkbox"/> 5 Varicella Serology |
| b. <input type="checkbox"/> 2 Viral Flu Serology | d. <input type="checkbox"/> 4 Rubella Serology | |

2. Place VIRST 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: ____ / ____ / ____
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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| <input type="checkbox"/> 7 Month 2 | <input type="checkbox"/> 12 Month 7 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 22 Month 17 | <input type="checkbox"/> 27 Month 22 | |
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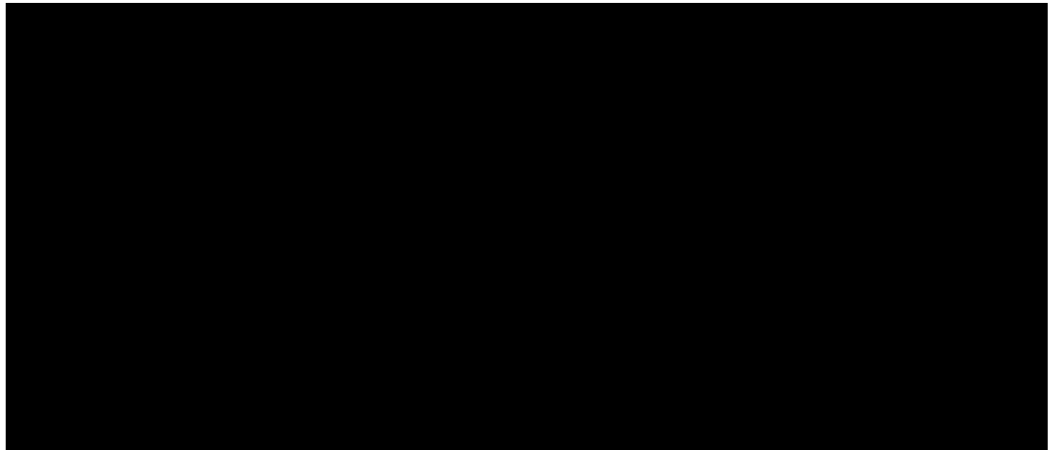
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2. Place VIRST barcode label here:



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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: _____

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| <input type="checkbox"/> 7 Month 2 | <input type="checkbox"/> 12 Month 7 | <input type="checkbox"/> 17 Month 12 | <input type="checkbox"/> 22 Month 17 | <input type="checkbox"/> 27 Month 22 | |
| <input type="checkbox"/> 8 Month 3 | <input type="checkbox"/> 13 Month 8 | <input type="checkbox"/> 18 Month 13 | <input type="checkbox"/> 23 Month 18 | <input type="checkbox"/> 28 Month 23 | |

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