

Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

The Study Coordinator completes this form during the Infant Enrollment Visit combined with 6 Months old, or 6, 18, 30, 36, 42, and 48 Months Old study visits to record which infant specimens were collected.

A. VISIT INFORMATION

1. Date of visit (e.g. 05/Sep/2006): _____ / _____ / _____
DAY MONTH YEAR

2. Visit (check one):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 94 Infant Enrollment combined with 6 Months old | <input type="checkbox"/> 6 6 Months old | <input type="checkbox"/> 30 30 Months old | <input type="checkbox"/> 42 42 Months old |
| | <input type="checkbox"/> 18 18 Months old | <input type="checkbox"/> 36 36 Months old | <input type="checkbox"/> 48 48 Months old |

B. INFANT SPECIMEN COLLECTIONS

1. Random glucose measurement (by local glucometer): _____ . ____ mg/Dl or _____ . ____ Mm

	Collected?	a) Comments
2. Fatty Acids (RBC) and Inflammatory Mediators	Y N	
3. Biochemical Autoantibodies	Y N	
4. Vitamin D levels and C-Reactive Protein (CRP)	Y N	

Initials (first, middle, last) of person completing this form: _____
F M L

Date form completed: _____ / _____ / _____
DAY MONTH YEAR

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).*