

Site Number: _____ Screening ID: _____ - _____ Participant Letters: _____

The Study Coordinator completes this form during the 12 Months Old study visit to record which specimens were collected.

A. VISIT INFORMATION

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

B. INFANT SPECIMEN COLLECTIONS - 12 MONTHS OLD VISIT

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

	Collected?	a) Comments
2. Tetanus LPA cellular response	Y N	
3. Tetanus antibody serology	Y N	
4. Biochemical Autoantibodies	Y N	
5. Vitamin D levels and C-Reactive Protein (CRP)	Y N	
6. Fatty Acids (RBC) and Inflammatory Mediators	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).*