

Site Number: \_\_\_\_\_ Screening ID: \_\_\_\_\_ - \_\_\_\_ Participant Letters: \_\_\_\_\_

**The Study Coordinator completes this form during the 24 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 – 24 MONTHS OLD VISIT**

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	
5. PBMCs and plasma collection	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).*