

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).*