



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

### SPECIMEN COLLECTION – 70 CC

**Specimen Collection #:** \_\_\_\_\_ (This field must be completed)

1. Type of Specimen(s): <sub>1</sub> Blood <sub>3</sub> Both  
<sub>2</sub> Urine <sub>4</sub> Unable to collect blood or urine
- 1a. Is this a second blood draw? <sub>1</sub> Yes <sub>0</sub> No
- 1b. Is this a second Urine collection? <sub>1</sub> Yes <sub>0</sub> No
2. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)
- 2a. Gender: <sub>1</sub> Male <sub>2</sub> Female
3. Does the participant have a diagnosis of diabetes mellitus? <sub>1</sub> Yes <sub>0</sub> No
- 3a. Is the participant enrolled in CRIC Plus?** <sub>1</sub> Yes <sub>0</sub> No
- 3b. Is the participant on dialysis? <sub>1</sub> Yes <sub>0</sub> No

#### Blood Specimens:

4. Did the participant agree to genetic testing? <sub>1</sub> Yes <sub>0</sub> No
5. Collection: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) Time: \_\_\_\_\_ : \_\_\_\_\_ (military time)
6. Did the participant fast for this blood draw? <sub>1</sub> Yes <sub>0</sub> No
- Last food consumption: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) Time: \_\_\_\_\_ : \_\_\_\_\_ (military time)

#### 24 hour Urine Specimen:

7. 24 hour Urine Collection Status: <sub>1</sub> Collected <sub>2</sub> Unable to provide urine  
<sub>97</sub> Participant Refused <sub>99</sub> Not Required
- 7a. Collection start: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) Time: \_\_\_\_\_ : \_\_\_\_\_ (military time)
8. Collection stop: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) Time: \_\_\_\_\_ : \_\_\_\_\_ (military time)
9. Volume collected: \_\_\_\_\_ (ml)

#### Random Spot Urine Specimen:

- 9a. Spot Urine Status: <sub>1</sub> Collected <sub>2</sub> Unable to provide urine  
<sub>97</sub> Participant Refused <sub>99</sub> Not Required
10. Spot urine: Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) Time: \_\_\_\_\_ : \_\_\_\_\_ (military time)



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11. Specimen collection status:

Spec. #	Specimen Type	Was the specimen collected? (Check one below)		If NO, reason specimen not collected (Check one below)				
		Yes	No	Not required	Poor venous access	Participant refused	Inadvertently destroyed	Oversight
1	Red top – 10 ml <i>(wrapped in aluminum foil)</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
2	Tiger Top – 10ml	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
3	Tiger Top – 10ml	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
4	Blue top – 5ml	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
5	Purple top – 5ml	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
6	Purple top – 5ml <i>(local lab)</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
7	Purple top – 10ml	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
8	Purple top – 10ml	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
9	Purple top – 10ml	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
10	24 hr urine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
11	Spot urine	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**RC Instructions:**

- Send copy of this CRF with specimen to: University of Pennsylvania Central Laboratory