



Participant ID:

Participant Initials:

Clinical Center:

Site:

Visit Number:

CRF Date:

RC ID:

SPECIMEN COLLECTION – 130 CC

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

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

Blood Specimens:

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

24 hour Urine Specimen:

7. 24 hour Urine Collection Status: ₁ Collected ₂ Unable to provide urine
₉₇ Participant Refused ₉₉ 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:

- 9a1. Spot Urine Status: ₁ Collected ₂ Unable to provide urine
₉₇ Participant Refused ₉₉ Not Required
- 9a. Spot urine: Date: _____ / _____ / _____ (mm/dd/yyyy) Time: _____ : _____ (military time)



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10 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"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2	Tiger Top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3	Tiger Top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4	Tiger Top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5	Blue top – 5ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6	Blue top – 5ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7	Purple top – 5ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8	Purple top – 5ml <i>(local lab)</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
14	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
15	Purple top – 10ml	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
16	24 hr urine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
18	Spot urine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

RC Instructions:

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