BABY HUG FOLLOW-UP STUDY II

CENTRAL LAB COLLECTION
ENTRY/Q12 MONTHS/EXIT

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: SUBJECT_ID ___ ___ ___ ___
2. Current Clinic: SITE_ID ___ ___
3. Patient's Letter Code: ___ ___ ___ LETTER_CD
4. Visit: ___ ___ ___ VISIT_NBR
5. Visit Date: ___ ___ ___ - ___ ___ - ___ ___ ___ ___ VISIT_DT
   Month Day Year

PART II: SPECIMEN COLLECTION

Please refer to Appendices A and B of the BHFUII Protocol for Lab Collection Requirements.

1. Urine for Storage: (8-10 ml) (Entry/Exit Only)

   A. Label Number: URINE_STORED_LABEL _____ (1) Not Done URINE_STORED_ND

   B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
   URINE_STORED_DT Month Day Year

   C. Time Collected: ____ ____ : ____ ____ (24-hr clock)
   H H M M
   URINE_STORED_HR URINE_STORED_MN

2. Urine for Microalbumin: Creatinine (1-2 Cryovial ml): (Entry/Exit Only)

   A. Label Number: URINE_LABEL _____ (1) Not Done URINE_ND

   B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
   URINE_DT Month Day Year

   C. Time Collected: ____ ____ : ____ ____ (24-hr clock)
   H H M M
   URINE_COL_HR URINE_COL_MN

3. Stored Blood Sample (5 ml EDTA lavender top) Entry/Exit Only:

   A. Label Number: BLOOD_LABEL _____ (1) Not Done BLOOD_ND

   B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
   BLOOD_DT Month Day Year

   C. Time Collected: ____ ____ : ____ ____ (24-hr clock)
   H H M M
   BLOOD_COL_HR BLOOD_COL_MN

4. Cystatin C (1 ml red top):

   A. Label Number: CYSTATIN_LABEL _____ (1) Not Done CYSTATIN_ND

   B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
   CYSTATIN_DT Month Day Year

   C. Time Collected: ____ ____ : ____ ____ (24-hr clock)
   H H M M
   CYSTATIN_COL_HR CYSTATIN_COL_MN

5. HbF (0.5 ml EDTA lavender top):

   A. Label Number: HBF_LABEL _____ (1) Not Done HBF_ND

   B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
   HBF_DT Month Day Year

   C. Time Collected: ____ ____ : ____ ____ (24-hr clock)
   H H M M
   HBF_COL_HR HBF_COL_MN

6. Creatinine/BUN (4.0 ml red top at 12 mos) (1.0 ml red top at entry/exit):

   A. Label Number: CREATININE_LABEL _____ (1) Not Done CREATININE_ND

   B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
   CREATININE_DT Month Day Year

   C. Time Collected: ____ ____ : ____ ____ (24-hr clock)
   H H M M
   CREATININE_COL_HR CREATININE_COL_MN

7. Pitted Cells (0.1 ml EDTA lavender top w/glutaraldehyde):

   A. Label Number: CELL_LABEL _____ (1) Not Done CELL_ND

   B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
   CELL_DT Month Day Year

   C. Time Prepared: ____ ____ : ____ ____ (24-hr clock)
   H H M M
   CELL_COL_HR CELL_COL_MN

8. HJB/Reticulocytes Micronuclei (1.0 ml EDTA lavender top):

A. Label Number: HJB_LABEL _____ (1) Not Done HJB_ND

B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
HJB_DT Month Day Year

C. Time Collected: ____ ____ : ____ ____ (24-hr clock)
H H M M
HJB_COL_HR HJB_COL_MN

9. VDJ/DNA Extraction/Storage (3.0 ml lavender top): (Entry/Exit Only)

A. Label Number: VDJ_LABEL _____ (1) Not Done VDJ_ND

B. Date Collected: ___ ___ ___ - ___ ___ - ___ ___ ___ ___
VDJ_DT Month Day Year

C. Time Collected: ____ ____ : ____ ____ (24-hr clock)
H H M M
VDJ_COL_HR VDJ_COL_MN

PART III: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number: _____ - _____ CERT_NO

B. Signature: _____ CERT_SIG

C. General Comments: GEN_CMNT _____

_____

ID Number				Visit			-	Seq	