

**Baby hug Follow-up Study (BHFS)
STUDY ENTRY**

Form 003
Revision 1

Tue Sep 22 10:19:03 EDT 2015

Subject: SUBJECT_ID	Letter Code: LETTER_CD	Visit: VISIT_NBR
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1. Visit Date: VISIT_DT

PART II: SPECIMEN COLLECTION

1. Urine or Microalbumin: Creatine(5 ml)

A. Label number

URINE_LABEL	URINE_LABEL_ND
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B. Date collected

URINE_DT

2. Stored Blood sample (5ml EDTA lavender top)

A. Label number

BLOOD_LABEL	BLOOD_LABEL_ND
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B. Date Collected

BLOOD_DT

3. Cystatin C*

A. Label number

CYSTATIN_C_LABEL	CYSTATIN_C_ND
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B. Date Collected

CYSTATIN_C_DT

*Cystatin C should only be collected if a specimen was not obtained upon exit of the BABY HUG Treatment Study. Coordinator should contact the MCC to verify whether or not Cystatin C should be collected.

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PART III: COORDINATION

1. Checked for completeness and accuracy:

- A. Certification number:
- B. Signature
- C. General Comments

CERT_NO
CERT_SIG
GEN_CMNT