

**FROZEN BIOLOGICAL REPOSITORY SAMPLES PHYSICAL RECORD (SM01)****Chronic Kidney Disease in Children (CKiD)****SECTION A: GENERAL INFORMATION**

A1. STUDY NAME: CKiD

A2. CLINICAL SITE NUMBER: \_\_\_\_

A3. PARTICIPANT ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

A4. CKiD VISIT #: \_\_\_\_

A5. DATE OF SAMPLE COLLECTION: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y Y

A6. FORM VERSION: 1 0 / 0 1 / 2 0

Scan and email completed form to your CCC within **48 hours** of the visit

Midwest CCC: Christine Smith at [casmith@cmh.edu](mailto:casmith@cmh.edu)  
East Coast CCC: Shumei Shang at [ShangS@email.chop.edu](mailto:ShangS@email.chop.edu)

Collected? (Yes / No)	Specimen Type / Vial Number	Volume (mL)	
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>1</sup> Serum 1	____ . ____	(up to 2.5 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>1</sup> Serum 2	____ . ____	(up to 2.5 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>2</sup> Plasma 1	____ . ____	(up to 2.5 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>2</sup> Plasma 2	____ . ____	(up to 2.5 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>3</sup> Urine 1	____ . ____	(up to 9.0 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>3</sup> Urine 2	____ . ____	(up to 9.0 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>3</sup> Urine 3	____ . ____	(up to 9.0 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>3</sup> Urine 4	____ . ____	(up to 9.0 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>3</sup> Urine 5	____ . ____	(up to 9.0 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>3</sup> Urine 6	____ . ____	(up to 9.0 mL)
<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No <sup>2</sup>	<sup>3</sup> Urine 7	____ . ____	(up to 9.0 mL)

➤ Reconcile information documented on this form with the samples collected.

\_\_\_\_\_  
(STUDY COORDINATOR FULL NAME) Date: \_\_\_\_\_