

Shipment Tracking Number: _____ / _____ / 0 5 / _____

SECTION B: HAIR AND NAIL

- B1. Does the shipment contain hair?
 Yes..... 1
 No..... 2
- B2. Does the shipment contain nails?
 Yes..... 1
 No..... 2

SECTION C: HAIR AND NAIL MANIFEST

INSTRUCTIONS:

Record the KID #, date of visit, and specimen type in the table below for each specimen that is included in the ambient shipper sent to the NIDDK Biorepository.

Specimen Type: H= Hair sample and N= Nail clippings

Record the visit number in “column d”

V1b= 15

V2= 20

V4= 40

Please see the example in gray shaded boxes.

START ST03bS1

	a. KID #	b. Date of Visit	c. Specimen Type	d. Specimen Visit
E00	1 – 01 – 001	<u>01</u> / <u>15</u> / <u>05</u>	<u>H</u>	<u>15</u>
E00	1 – 01 – 001	<u>01</u> / <u>15</u> / <u>05</u>	<u>N</u>	<u>15</u>
C01	___ - ___ - _____	___ / ___ / ___	___	
C02	___ - ___ - _____	___ / ___ / ___	___	

END ST03bS1

PROMPT:

- 1. Mail form to CCC for data entry.
- 2. Complete the **ONLINE SHIPPING FORM** on the CKiD website at <http://statepi.jhsph.edu/ckid/>. The form is located under Study Administration and then Coordinator's Corner. After the form is submitted, NIDDK BR personnel and KIDMAC will automatically receive email confirmations of the shipment.

EMAIL: niddk.mailbox@precisionformedicine.com
CKIDShip@jhu.edu

FOR NIDDK BR STAFF ONLY

SECTION D: NIDDK BR STAFF RECEIPT

D1. Date of arrival at NIDDK Biorepository: ____ / ____ / ____
M M D D Y Y Y Y

D2. Received by: _____

D3. Were there problems with the shipment?

Yes..... 1
No..... 2 (END)

a. Specify problem(s): _____

FOR CLINICAL SITES ONLY

SECTION E: NIDDK BR RECEIPT CONFIRMATION

PROMPT: COMPLETE SECTION E AFTER NIDDK BR HAS REPLIED WITH A CONFIRMATION OF RECEIPT. Confirmation of receipt is for record keeping purposes only.

E1. Date of arrival at NIDDK Biorepository: ____ / ____ / ____
M M D D Y Y Y Y

E2. Were there problems with the shipment?

Yes..... 1
No..... 2 (END)

a. Specify problem(s): _____
