

Shipment Tracking Number: _____ / _____ / 0 1 / _____

SECTION B: SHIPMENT CONTENTS

Instructions:

Each KID may have 3 vials of serum and 1 vial of plasma sent to the CBL per study visit. Fill out one line for each individual KID ID #. Please refer to example below.

EXAMPLE:

	KID ID #	Date of Study	Specimen Type			
E01	<u>1</u> - <u>0</u> <u>1</u> - <u>0</u> <u>0</u> <u>5</u> V <u>5</u>	<u>0</u> <u>6</u> / <u>0</u> <u>1</u> / <u>1</u> <u>0</u>	Cys C <input checked="" type="checkbox"/>	iPTH/CRP <input checked="" type="checkbox"/>	VIT D <input checked="" type="checkbox"/>	FGF-23 <input checked="" type="checkbox"/>
E02	<u>1</u> - <u>0</u> <u>1</u> - <u>0</u> <u>0</u> <u>5</u> V <u>6</u>	<u>0</u> <u>7</u> / <u>1</u> <u>2</u> / <u>1</u> <u>1</u>	Cys C <input checked="" type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
E03	<u>2</u> - <u>0</u> <u>1</u> - <u>0</u> <u>0</u> <u>8</u> V <u>1</u> <u>A</u>	<u>0</u> <u>9</u> / <u>3</u> <u>1</u> / <u>1</u> <u>1</u>	Cys C <input checked="" type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
Total Number of Specimens			Cys C <u>0</u> <u>3</u>	iPTH/CRP <u>0</u> <u>1</u>	VIT D <u>0</u> <u>1</u>	FGF-23 <u>0</u> <u>1</u>

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	KID ID#	Date of Study	Specimen Type			
1	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
2	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
3	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
4	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
5	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
6	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
7	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
8	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
9	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
10	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
11	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
12	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
13	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
14	__ - __ - __ V__	__ / __ / __	Cys C	iPTH/CRP	VIT D	FGF-23

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
16	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
17	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
18	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
19	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
20	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
21	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
22	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
23	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
24	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
25	__ - __ - __ V__	__ / __ / __	Cys C <input type="checkbox"/>	iPTH/CRP <input type="checkbox"/>	VIT D <input type="checkbox"/>	FGF-23 <input type="checkbox"/>
C1. Total Number of Specimens			Cys C _____	iPTH/CRP _____	VIT D _____	FGF-23 _____

END ST05s1

- 1. Include a copy of the form with the shipment.**
- 2. Mail form to CCC for data entry.**
- 3. Complete the ONLINE SHIPPING FORM on the CKiD website at <http://www.statepi.jhsph.edu/ckid/>. The form is located under Study Administration and then Coordinator's Corner. After the form is submitted, Paula Maier at the CBL and KIDMAC will automatically receive email confirmations of the shipment.
Email: CKIDCBL@urmc.rochester.edu
CKIDShip@jhsph.edu**