

SPECIMEN COLLECTION FORM for Baseline Post-Dialysis Visit (DL01)

CKiD Chronic Kidney Disease in Children Cohort Study

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: AFFIX ID LABEL OR ENTER NUMBER IF ID LABEL IS NOT AVAILABLE

|_| - |_|_| - |_|_|_|

A2. CKiD Post KRT VISIT #: _____

A3. FORM VERSION: 0 6 / 1 5 / 2 2

A4. SPECIMEN COLLECTION DATE: _____ / _____ / _____
M M D D Y Y Y Y

A5. FORM COMPLETED BY (INITIALS): _____

At the Post-Dialysis V1a (DV1a), collect the following:

Samples:

Shipped to

Shipped:

Serum

CBL

IMMEDIATELY

Serum

CBL

Batched (Ship in Jan, Apr, Jul or Oct)

SECTION B: PREGNANCY TEST

B1. Is participant a female of child-bearing potential?

Yes..... 1 (See PROMPT Below)

No..... 2 (Skip to C1)

PROMPT: QUESTION B2 IS FOR FEMALE PARTICIPANTS OF CHILD-BEARING POTENTIAL ONLY. BLOOD/URINE PREGNANCY TEST DATE MUST OCCUR ON DAY OF VISIT OR FALL WITHIN 72 HOURS BEFORE STUDY VISIT DATE.

B2. a. Blood/Urine pregnancy test date: _____ / _____ / _____
M M D D Y Y Y Y

b. Pregnancy results:

Positive..... 1 (END; COMPLETE TRANSITIONAL (TRS03) FORM)

Negative..... 2

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SECTION C: V1a POST-DIALYSIS VISIT BLOOD DRAW FOR CBL and Local Lab

Collect 5-6 mL from all participants (regardless of weight)

Immediately transfer (using 18 gauge needle) or draw:

- 2.5 mL into Tiger-Top SSTs for CBL
- 1 mL in lavender-top tube for local CBC (*tube not provided in CBL kit*)
- 1.5 mL in appropriate tube (*not provided*) for local Renal Panel
- **1 mL of additional blood in SST for CBL (if initial sample is GROSSLY HEMOLYZED)**

SECTION C: V1a POST-DIALYSIS VISIT BLOOD DRAW PROCESSING

Invert the SST 5 times gently to mix.

Stand SST upright to allow clotting at room temperature for 30 mins and not more than 1 hour (60 mins).

Centrifuge SST at MAX SPEED between 1100-1300g (3000rpm with 10cm radius rotor) for 10 minutes in swinghead units **OR** 15 minutes in fixed angle units (balance tube in centrifuge). *If incomplete separation, centrifuge again for 10-15 minutes.

If sample is GROSSLY HEMOLYZED.

You must send hemolyzed sample to CBL. If participant has eaten, aliquot hemolyzed sample for fasting lipid profile and send to CBL. Also, if the sample is **GROSSLY HEMOLYZED (Dark Red)**, collect 1 mL of additional blood in a SST. Centrifuge and then transfer serum into the extra Orange Top Transport Tube provided.

Follow packaging instructions and ship to CBL with accompanying forms. **No FRIDAY shipments.** Refrigerate specimen and ship on next business day.

If sample is moderately, slightly or NOT HEMOLYZED, proceed with CBL preparation.

CBL Studies

Using the disposable pipette, pipette 0.75 mL of serum into Orange Top Transport Tube labeled "Serum CBL" for CBL renal/uric acid and lipid panel. Follow packaging instructions and ship to CBL with accompanying forms. **No FRIDAY shipments.** Refrigerate specimen and ship on next business day.

iPTH/hsCRP

Pipette 0.5 mL of serum into red top cryovial tube for CBL iPTH & hsCRP

Store sample in freezer at -70°C or lower and batch up to 20 samples and ship quarterly during the months of **January, April, July and October.** When shipper is needed, complete "Dry Ice Shipper Request Form" on the CKiD website: <https://statepi.jhsph.edu/ckid/coordinator-resources/>

Then, follow packaging instructions and ship to CBL with accompanying forms. **No FRIDAY shipments.** Refrigerate and ship on next business day.

When pickup has been scheduled, complete "On-line Shipping Form" on CKiD website: <https://statepi.jhsph.edu/ckid/coordinator-resources/> to notify the appropriate personnel that samples have been shipped to CBL.

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C1. ACTUAL TIME OF BLOOD DRAW

_____ : _____ 1 = AM 2 = PM

PROMPT: IF SUSPECTED BLOOD DRAW ADVERSE EVENT (i.e., infection), complete Adverse Event (ADVR) Form

Reasons Code List*: 1= Not required 4 = Red Blood Cell Contamination 7 = Exceed maximum allowable volume
 2 = Difficult Blood Draw 5 = Inadvertently Destroyed
 3 = Participant Refused 6 = Oversight

Sample Type (Required Volume in Top Color Tube Type):	(a) Sample Obtained: Yes No	(b) If No, specify reason *SEE CODE LIST ABOVE	(c) Additional Requirements:
C2. Renal/Uric Acid Chemistries (1.0 mL in Tiger Top SST)	1 2 (skip to c→)	_____ (skip to C3)	Indicate the appearance of the serum after centrifuging. Grossly (Dark Red).....1 Moderately (Red/Light Red).....2 Slightly (Pink).....3 Not Hemolyzed (Yellow).....4
C3. Local CBC (1.0 mL in Lavender Top tube)	1 2 (skip to C4)	_____ (skip to C4)	N/A
C4. Local Renal Panel (1.5 mL in Local SST)	1 2 (skip to C5)	_____ (skip to C5)	N/A
C5. Serum for Fasting Lipid Panel (0.5 mL in Tiger Top SST)	1 2 (skip to c→)	_____ (skip to C6)	Did the participant fast after midnight? Yes.....1 No.....2*
C6. Serum for ipth & hsCRP (1.0 mL in Tiger Top SST)	1 2 (skip to c→)	_____ (skip to D1)	Date Frozen: ____/____/____ M M D D Y Y Y Y

*If the participant did not fast, the Nephron Lipid Report will indicate that the participant did not fast.
 Sites can obtain results for lab values that have been identified as "KEY VARIABLES". To obtain results, go the CKiD Nephron Website:
<https://statepiaps8.jhsph.edu/nephron/groups/aspproc/>, click on "Report Menu" and choose the appropriate lab report (i.e., Selected Renal Panel Lab Variables Report.)

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SECTION D: LOCAL Kt/V

- D1. Are local Kt/V results available?
Yes..... 1 **(Skip to D2)**
No, Specify reason below..... 2

D1a. Reason: _____ **(END Form)**

D2. Date of most recent Kt/V results: ___ ___ / ___ ___ / ___ ___ ___ ___
 M M D D Y Y Y Y

- D3. Which modality is the participant receiving?
Hemodialysis 1
Peritoneal dialysis..... 2 **Skip to D5**

D4. Hemodialysis ONLY:

- a. URR (urea reduction ratio) |_|_| |_|_| %
b. Total Kt/V |_|_| . |_|_|_| **(END Form)**

D5. Peritoneal dialysis (PD) ONLY:

- a. PD Kt/V |_|_| . |_|_|_|
b. 24-hour Urine Volume |_|_| |_|_| |_|_|
c. Urine Kt/V |_|_| . |_|_|_|
d. Total Kt/V
 (PD Kt/V plus urine Kt/V) |_|_| . |_|_|_|