

**SPECIMEN COLLECTION FORM for EVEN Follow-up Post-Dialysis Visit (DL21)**

**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 Visit, collect the following:**

<u>Samples:</u>	<u>Shipped to</u>	<u>Shipped:</u>
Serum	CBL	IMMEDIATELY
Serum	CBL	Batched (Ship in Jan, Apr, Jul or Oct)

---

**If consent is obtained for biological samples, collect the following:**

<u>Samples:</u>	<u>Shipped to:</u>	<u>Shipped:</u>
Serum (Biological)	NIDDK Biorepository	Batched (Ship in Jan, Apr, Jul or Oct)
Plasma (Biological)	NIDDK Biorepository	Batched (Ship in Jan, Apr, Jul or Oct)

**BATCHED SAMPLES SHOULD BE SHIPPED QUARTERLY (Jan, Apr, July or Oct)  
OR MORE OFTEN IF DESIRED BY THE SITE COORDINATOR!**

**Samples should NOT be stored for more than six (6) months.  
For specific questions, contact your CCC prior to shipment.**

**SPECIMEN COLLECTION FORM for EVEN Follow-up Post-Dialysis Visit (DL21)**

**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

## SECTION C: POST-DIALYSIS VISIT BLOOD DRAW

For Initial Blood Draw with Syringe, Vacutainer OR Butterfly Method: Select the type of consent obtained (options 1 through 2) that pertains to the CKiD participant:

- 1**      **If participant consented to BIOLOGICAL samples:**  
Collect **14-15 mL** if participant is **< 30 kg**    **OR**    **20-21 mL** if participant is **≥ 30 kg**.

If **< 30 kg**, immediately transfer (**using 18 gauge needle**) or draw:

- 8.5 mL into (1) Tiger-Top SST for CBL & NIDDK BR
- 3 mL into (1) PST for NIDDK Biorepository
- 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)**

If **≥ 30 kg**, immediately transfer (**using 18 gauge needle**) or draw:

- 12.5 mL into (2) Tiger-Top SSTs for CBL & NIDDK BR
- 5 mL into (2) PST for NIDDK Biorepository
- 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)**

- 
- 2**      **If participant did NOT consent to BIOLOGICAL samples:**  
Collect **5-6 mL** from all participants (regardless of weight) as specified below.

Immediately transfer (using 18 gauge needle) or draw:

- 2.5 mL into (1) 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: POST-DIALYSIS VISIT BLOOD DRAW PROCESSING

Invert the SST 5 times & PST 8-10 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 & PST 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.

If sample is moderately, slightly or NOT HEMOLYZED, proceed with CBL and NIDDK BR 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 lipids. 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, batch up to 20 samples and ship on dry ice quarterly (**January, April, July and October**) to the CBL. When shipper is needed, complete "CBL 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.

**NIDDK BR (Serum)**

Pipette 3mL (<30kg) or 5mL (≥30kg) serum into clear top cryovial for NIDDK BR (use different pipettes for serum and plasma). \*If there is any extra serum, then pipette the extra serum into the clear top cryovial marked "NIDDK BR SERUM"

**NIDDK BR (Plasma)**

Pipette 1.5mL (<30kg) or 2.5mL (≥30kg) plasma into cryovial with green cap insert (use different pipettes for serum and plasma). \*If there is any extra plasma, then pipette the extra plasma into the green cap insert cryovial marked "PLASMA (Extra)".

Complete the SM01 form, store sample in freezer at -70°C or lower, batch up to 40 samples and ship on dry ice quarterly (**Jan, April, July and Oct**) to the NIDDK BR. **No Thursday/Friday shipments.** When shipper is needed, complete "NIDDK BR Dry Ice Shipper Request Form" on CKiD website: <https://statepi.jhsph.edu/ckid/coordinator-resources/> Then, follow packaging instructions.

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 from the CBL and the NIDDK BR.

## SPECIMEN COLLECTION FORM for EVEN Follow-up Post-Dialysis Visit (DL21)

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**

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 <b>(skip to c→)</b>	_____ <b>(skip to C3)</b>	<b>Indicate the appearance of the serum after centrifuging.</b> 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 <b>(skip to C4)</b>	_____ <b>(skip to C4)</b>	<b>N/A</b>
C4. Local Renal Panel (1.5 mL in Local SST)	1      2 <b>(skip to C5)</b>	_____ <b>(skip to C5)</b>	<b>N/A</b>
C5. Serum for Fasting Lipid Panel (0.5 mL in Tiger Top SST)	1      2 <b>(skip to c→)</b>	_____ <b>(skip to C6)</b>	<b>Did the participant fast after midnight?</b> Yes.....1 No.....2*
C6. Serum for ipth & hsCRP (1.0 mL in Tiger Top SST)	1      2 <b>(skip to c→)</b>	_____ <b>(skip to D1)</b>	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.)

# SPECIMEN COLLECTION FORM for POST DIALYSIS VISIT (XX)

## SECTION D: NIDDK BIOREPOSITORY

D1. Did the participant consent to have biological samples (i.e., serum and plasma samples) stored at the NIDDK Biorepository?

- Yes..... 1  
 No..... 2 (Skip to E1)

<b>Reasons Code List*</b>	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:	(b) If No, specify reason *SEE CODE LIST ABOVE	(c) Additional Requirements:
	<u>Yes</u> <u>No</u>		
D2. Serum for NIDDK Biorepository (**6.0 mL or **10.0 mL of blood in Tiger Top SST)	1      2 (skip to c→)	_____ (skip to D3)	Date Frozen: ____/____/____ M M D D Y Y Y Y
D3. Plasma for NIDDK Biorepository (***3.0 mL of blood in one Green Top or ***5.0 mL in two Green Top PSTs)	1      2 (skip to c→)	_____ (skip to E1)	Date Frozen: ____/____/____ M M D D Y Y Y Y

\*\* Collect 6.0 mL of whole blood for participants < 30 kg and 10.0 mL for participants ≥ 30 kg

\*\*\* Collect 3.0 mL of whole blood for participants < 30 kg and 5.0 mL for participants ≥ 30 kg

