- Affix Member ID Label Here-

Member ID: __ __ __ __ - ___ ___ ___ - __

First Name _____M.I._____

Last Name _____

DO NOT SEPARATE THE PAGES OF THIS FORM

1. NBS Visit 4 Date: ⌊__⌋⌊__⌋-⌊__⌋⌊__⌋-⌊__⌋⌊__⌋ (MM/DD/YY)

2. Visit 4 Staff ID: ⌊__⌋⌊__⌋⌊__⌋

3. Contact Type: ☒3 Visit

4. Visit Type: ☒4 Non-Routine

VISIT 4 PARTICIPANT UPDATE

5. Staff ID to Indicate Completion of the Visit 4 Participant Update Worksheet: ⌊__⌋⌊__⌋⌊__⌋

WEIGHT

6. Weight Measure Staff ID: ⌊__⌋⌊__⌋⌊__⌋

7. Weight: ⌊__⌋⌊__⌋⌊__⌋.⌊__⌋ kg

8. Visit 4 Specimen Number:

Affix

"Form 78
NBS
Visit 4"

Label Here

Visit 4
QC Label # 1

Visit 4
QC Label # 2

K_____

TIME 0 (Fasting)

9. TIME 0 (Fasting) URINE COLLECTION

Collect a 4mL specimen using a 5mL Corning cryovial.
Use "NBS Urine Visit 4 Time 0" label.

9.1. Time 0 Urine Staff ID: ⌊___⌋

9.2. Time Collected: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐ 1 AM ☐ 2 PM

10. TIME 0 (Fasting) BLOOD DRAW

Sequence	Vacutainers	Cryovials	Cryovial Labels Use "NBS Plasma Visit 4" labels with cryovial numbers
First	Three - 7 mL Royal Blue	Four - 1.8 mL serum	02, 03, 04, 05
Second	One - 10 mL Lavender, DRY EDTA	Three - 1.8 mL Plasma	10, 11, 12

10.1. Time 0 Blood Draw Staff ID: ⌊___⌋

10.2. Time of Draw: ⌊__⌋ : ⌊__⌋ (Hr:Min) ☐ 1 AM ☐ 2 PM

10.3. Time 0 Blood Processing Staff ID: ⌊___⌋

11. 24-HOUR URINE COLLECTION AND PROCESSING

1. Record total volume.
2. Centrifuge 10 mL
3. Aliquot three 1.8 mL cryovials.

11.1. 24-Hour Urine Staff ID: ⌊___⌋

11.2. Total Volume: ⌊____⌋ mL

TIME 1 – One Hour After Fasting Urine

12. TIME 1 URINE COLLECTION

Collect a 4mL specimen using a 5mL Corning cryovial.
Use "NBS Urine Visit 4 Time 1" label.

12.1. Time 1 Urine Staff ID: ⌊__|__|__⌋

12.2. Time Collected: ⌊__|__⌋ : ⌊__|__⌋ (Hr:Min) ☐ 1 AM ☐ 2 PM

13. Arrangements Made for Time and Travel Costs: ☐ 1 Yes
☐ 0 No

Please review the entire form for completeness.

14. Visit 4 Completeness Staff ID: ⌊__|__|__⌋

NOTES: