

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____

A2. Name of Core Laboratory Technician _____
PRINT FULL NAME

A3. Specimen collection date _____ / _____ / _____
M M / D D / Y Y Y Y

Section B: ULTRA-SENSITIVE CRP INFORMATION

B1. Ultra-sensitive CRP DONE 1 NOT DONE 2 **(B1c)**

a. Date of assay _____ / _____ / _____
M M / D D / Y Y Y Y

b. Result _____ . _____ mg/dL **(B2)**

c. Reason not done
 INSUFFICIENT QUANTITY..... 1
 HEMOLYSIS..... 2
 OTHER..... 99

c.1. Specify other reason

B2. Vial number used for assay _____ (1-3)

B3. Number of vials put in repository _____ (0-2)

	1. Storage Box #	2. Vial #	3. Position # in Box
a.	_____	_____	_____
b.	_____	_____	_____

B4. Comments _____

