

**INSTRUCTIONS:** This form should be completed by site Study Coordinator. Complete form F13A for each blood sample collected for Serology Core Lab analysis. Fax this form to the Data Coordinating Center on the date on which specimens are shipped to the Serology Core Laboratory.

### Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Replaced by blinded subject ID*

subj_id	Blinded subject ID
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*Blinded site ID <created var>*

site_id	Blinded site ID
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A2. Acrostic Identifier \_\_\_\_\_

*Removed to protect privacy*

**PATIENT SHOULD BE PLACED IN A QUIET ROOM FOR 30 MINUTES IN A SITTING OR SUPINE POSITION BEFORE THE VENOUS SAMPLE IS DRAWN.**

A3. Specimen collection date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

*Replaced by age*

SPECIM_AGE	<created var> Age (yrs) of the subject at A3. Specimen collection date
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A4. Date form completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

*Replaced by age*

COMP_AGE	<created var> Age (yrs) of the subject at A4. Date form completed
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A5. Name of person completing form \_\_\_\_\_  
PRINT FULL NAME INITIALS

*Removed to protect privacy*

A6. Date sample shipped to Core Lab \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
M M D D Y Y Y Y

*Replaced by age*

SHIP_AGE	<created var> Age (yrs) of the subject at A6. Date sample shipped to Core Lab
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## Form F13A: Fontan B-Type Natriuretic Peptide (BNP) Specimen Shipping Form

FORMSTAT_ID	Unique form/subject ID
FORM_ID	4 letter code for the form
VER_ID	1 letter code added to form code to make unique form/version
DESTATUS	Form completion

**FAX THIS FORM TO DATA COORDINATING CENTER  
ATTN: PHN SENIOR RESEARCH ASSISTANT  
FAX NUMBER: 617 - 923 - 4176**