

Pediatric Heart Network: Single Ventricle Reconstruction Trial

Form R331: Apo E Core Laboratory Results
(Not All Variables are Shown)

Section A: KEY IDENTIFYING INFORMATION

A1. Study Identification Number _____ - _____ - _____ - _____

Replaced by blinded subject ID

blind_id	Blinded ID
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A2. Specimen collection date _____ / _____ / _____ - _____ - _____ - _____

aspecim_age	A2. <created var> Age at specimen collection date, days
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A3. Name of Core Laboratory Technician _____
Removed to protect privacy PRINT FULL NAME

Section B: TEST RESULTS

B1. Date sample received _____ / _____ / _____ - _____ - _____ - _____

sampr_age	B1. <created var> Age at date sample received, days
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B2. Sample accession number _____ - _____ - _____

B3. Was genotyping completed? YES..... 1 NO 2 (B4)

a. Date genotyping completed _____ / _____ / _____ - _____ - _____ - _____

- b. Apo E genotype
- E2/E2..... 1
 - E3/E3..... 2
 - E4/E4..... 3
 - E2/E3..... 4
 - E2/E4..... 5
 - E3/E4..... 6

SKIP TO B5

GENO_COMP	B3. Was genotyping completed?
GENOCOMPDAT	B3a. Date genotyping completed
GENOTYPE	B3b. Apo E genotype

