

**INSTRUCTIONS: DO NOT collect blood if the patient has had a transfusion within the preceding 14 days. Wait until at least 14 days have passed since the transfusion and then collect blood at the next most convenient time point/visit. Enclose a copy of this form when the specimen is shipped to the Genetics Core Laboratory and then fax a copy to the Data Coordinating Center.**

**Section A: KEY IDENTIFYING INFORMATION**

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

**Replaced by blinded ID**

blind_id	Blinded ID
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A2. Acrostic Identifier \_\_\_\_\_

**Removed to protect privacy**

A3. Study visit

STUDY VISIT 1 (4 days) .....	1
STUDY VISIT 2 (2 weeks).....	2
STUDY VISIT 3 (Pre-Glenn).....	3
STUDY VISIT 4 (Restart) .....	4
STUDY VISIT 5 (10 mos.) .....	5
STUDY VISIT 6 (14 mos.) .....	6

VISIT	A3. Visit
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A4. Date form completed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

M M / D D / Y Y Y Y

**Replaced by age at form completion**

comp_age	A4. <created var>Age at form completion, days
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A5. Name of person completing form \_\_\_\_\_

PRINT FULL NAME INITIALS

**Removed to protect privacy**

**Section B: SPECIMEN INFORMATION**

B1. Specimen collection date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

M M / D D / Y Y Y Y

**Replaced by age at specimen collection**

gspec_age	B1. <created var>Age at specimen collection, days
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B2 First shipment? YES..... 1 **(B3)** NO..... 2

FIRSTSHP	[Added version B] B2. First Shipment?
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B2a. Reason for additional shipment \_\_\_\_\_

ADDRSN	[Added version B] B2a. Reason for additional shipment
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B3. Date sample shipped to Core Lab \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

M M / D D / Y Y Y Y

**Replaced by age when sample shipped to Core Lab**

gship_age	B3. <created var>Age when sample shipped to core lab, days
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**Section C: STORAGE OF RESEARCH SAMPLES**

C1. Did the patient's parent/legal guardian agree to storage of the unused portion of the patient's DNA for future research? YES.....1 NO .....2  
**(END)**

STOREAGR	C1. Did the patient's parent/legal guardian agree to storage
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Parent/Legal Guardian agreed (put a check mark in the box on the consent form) to allow DNA to be:	<b>YES</b>	<b>NO</b>
a. Stored for future cardiovascular disease studies related to this research study	1	2

DNAREL	C1a. Stored for future studies related to: this research study
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Parent/Legal Guardian agreed (put a check mark in the box on the consent form) to allow DNA to be:	<b>YES</b>	<b>NO</b>
b. Stored for future cardiovascular disease studies that are not related to this research study	1	2

DNANOREL	C1b. Stored for future studies not related to this research study
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Parent/Legal Guardian agreed (put a check mark in the box on the consent form) to allow DNA to be:	<b>YES</b>	<b>NO</b>
c. Shared for cardiovascular disease research by other investigators who are related to this research study	1	2

SHAREL	C1c. Stored for future studies by other related investigators
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Parent/Legal Guardian agreed (put a check mark in the box on the consent form) to allow DNA to be:	<b>YES</b>	<b>NO</b>
d. Shared for cardiovascular disease research by other investigators who are not related to this research study	1	2

SHANOREL	C1d. Stored for future studies by other nvestigators not related
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**FAX THIS FORM TO DATA COORDINATING CENTER  
ATTN: PHN DATA MANAGER  
FAX NUMBER: 617 - 923 - 4176**