



(affix label here)

Patient ID Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Site	Sub-site	Sequential ID				

SEARCH Specimen Collection Form

Before drawing blood or collecting urine specimens:

- Have you had DKA in the last 4 weeks that resulted in hospitalization or had to be treated by IV fluids?
 - No
 - Yes (**if YES, then do NOT draw blood AND do not collect urine specimens**)
- For females only:** Are you currently pregnant?
 - No
 - Yes (**if YES, do NOT draw blood AND do not collect urine specimens**)
 - Unsure (**if UNSURE, do NOT draw blood AND do not collect urine specimens**)
- For females only:** Are you currently menstruating/having your period?
 - No
 - Yes (**if YES, do NOT collect urine**)
- For Cohort Visits and females only:** Were you menstruating when you did your overnight urine collection?
 - No
 - Yes (**if YES, do NOT send overnight urine sample and repeat overnight urine collection when patient is not menstruating**)

- Have you taken any insulin in the last 4 hours? (This does **NOT** include basal insulin per insulin pump.)
 - Yes (**if YES, ask which insulins were taken; mark by the appropriate list of insulins below**)
 - No (**if NO, go to question 6**)

<input type="checkbox"/>	Detemir Glargine Humulin N Lantus Levemir Novolin N NPH	Acceptable		
<input type="checkbox"/>	Humulin R Humulin 50/50 Humulin 70/30 Novolin R Novolin 70/30 Regular	Time: <input type="text"/> <input type="text"/> Hour <input type="text"/> <input type="text"/> Minute	<input type="checkbox"/> AM <input type="checkbox"/> PM	NOT acceptable if taken within 4 hours prior to fasting blood sample – Proceed with blood draw and try to re-schedule a fasting re-draw visit.
<input type="checkbox"/>	Apidra Glulisine Humalog Humalog mix 50/50 Humalog mix 75/25 Novolog Novolog mix 70/30 (by injection or bolus per pump)	Time: <input type="text"/> <input type="text"/> Hour <input type="text"/> <input type="text"/> Minute	<input type="checkbox"/> AM <input type="checkbox"/> PM	NOT acceptable if taken within 2 hours prior to fasting blood sample – Proceed with blood draw and try to re-schedule a fasting re-draw visit.

6. Have you taken any other diabetes medications in the last 8 hours?

- 1 Yes (if YES, ask which medications were taken and mark by the appropriate list of medications below; then answer question 6a at the bottom of the page)
- 2 No

Other diabetes medications:

<input type="checkbox"/>	Acarbose Actos Avandament Avandia Glucophage Glyset Metformin Miglitol Precose Pioglitazone Rosiglitazone	Acceptable medications
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<input type="checkbox"/>	Amaryl Byetta Chlorpropamide DiaBeta Diabinese Exenatide Glimepiride Glipizide Glucotrol Glucovance Glyburide Glynase Januvia Liraglutide Micronase Nateglinide Prandin Pramlintide Repaglinide Sitagliptin Starlix Symlin Tolazamide Tolbutamide Victoza	Time: <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center; font-size: 8px;">Hour</td><td style="text-align: center; font-size: 8px;">Minute</td></tr></table> <input type="checkbox"/> AM <input type="checkbox"/> PM			Hour	Minute	<p><u>NOT acceptable if taken within 8 hours prior to fasting blood sample</u></p> <p><i>Proceed with blood draw and try to re-schedule a fasting re-draw visit.</i></p>
Hour	Minute						

<input type="checkbox"/>	Other diabetes medications: (specify) ↓
<div style="border: 1px solid black; width: 400px; height: 40px; margin: 0 auto;"></div>	

IF UNACCEPTABLE INSULIN OR ORAL MEDICATION TAKEN, PROCEED WITH BLOOD DRAW AND TRY TO SCHEDULE A FASTING RE-DRAW VISIT.



6a. *If a re-draw visit is necessary, has Patient agreed?* 1 Yes 2 No

7. Have you had anything to eat or drink in the last 8 hours?

1 Yes 7a. if YES, ask the Patient what they had to eat or drink. Describe what they had to eat or drink.



7b. if Patient consumed non-allowable food or drink, record most recent time



Time: AM PM
Hour Minute

IF FASTING LESS THAN 8 HOURS, PROCEED WITH BLOOD DRAW AND TRY TO SCHEDULE A FASTING RE-DRAW VISIT.



7c. **If a re-draw visit is necessary, has Patient agreed?** 1 Yes 2 No

2 No

8. Glucose meter reading:

(May use drop from blood collected with venipuncture samples)

If glucose is > 300 mg/dl, perform urinary ketone check and record.

8a. Urine ketones: 1 Negative 2 Trace/small 3 Moderate 4 Large 5 Unable to obtain

9. Were any of the following symptoms observed or reported by the Patient? 1 Yes 2 No

(If YES, check all that apply):

- 1 Abdominal pain
- 1 Diaphoresis (excessive sweating)
- 1 Lightheadedness
- 1 Nausea and or vomiting
- 1 Seizure
- 1 Tremors or trembling
- 1 Loss of consciousness due to low blood glucose
- 1 Loss of consciousness due to phlebotomy (fainting)
- 1 Blood glucose is < 45 mg./dl.
- 1 Blood glucose is > 300 mg./dl. with moderate or large ketones
- 1 Blood glucose is > 500 mg./dl. with or without ketones
- 1 Other (specify):



10. Comments?

1 Yes (if YES, describe):



2 No comments

NOTE: Complete SEARCH Unanticipated Occurrence/Condition Reporting Form if any of the below presents:

- seizure
- loss of consciousness due to low blood glucose

11. Specimen obtained by:	<input type="text"/>	<input type="text"/>	<input type="text"/>	(code)			
12. Date specimen obtained:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year				
13. Time specimen collected:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	AM /	<input type="checkbox"/>	PM	(check one)
	Hour	Minute					

Please instruct the Patient to take medication/insulin and provide a breakfast to the Patient.

FOR STUDY USE ONLY							
Date Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Completed by	<input type="text"/>
	Month	Day	Year				
Date Reviewed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Reviewer Code	<input type="text"/>
	Month	Day	Year				
Date Entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Data Entry Code	<input type="text"/>
	Month	Day	Year				