



(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:**

1. Have you had DKA in the last 4 weeks that resulted in hospitalization or had to be treated by IV fluids?

1  No  
2  Yes (*if YES, then do NOT draw blood AND do not collect urine specimens*)

2. **For females only:** Are you currently pregnant?

1  No  
2  Yes (*if YES, do NOT draw blood AND do not collect urine specimens*)  
3  Unsure (*if UNSURE, do NOT draw blood AND do not collect urine specimens*)

3. **For females only:** Are you currently menstruating/having your period?

1  No  
2  Yes (*if YES, do NOT collect urine*)

4. **For Cohort Visits and females only:** Were you menstruating when you did your overnight urine collection?

1  No  
2  Yes (*if YES, do NOT send overnight urine sample and repeat overnight urine collection when patient is not menstruating*)

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

1 <input type="checkbox"/>	Detemir Glargine Humulin N Lantus Levemir Novolin N NPH	Acceptable		
2 <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	<b>NOT acceptable</b> if taken within 4 hours prior to fasting blood sample – Proceed with blood draw and try to re-schedule a fasting re-draw visit.
3 <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	<b>NOT acceptable</b> if taken within 2 hours prior to fasting blood sample – Proceed with blood draw and try to re-schedule a fasting re-draw visit.

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

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:**

1 <input type="checkbox"/>	Acarbose Actos Avandament Avandia Glucophage Glyset Metformin Miglitol Precose Pioglitazone Rosiglitazone	<b>Acceptable medications</b>
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2 <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;">Hour</td><td style="text-align: center;">Minute</td></tr></table> <input type="checkbox"/> AM <input type="checkbox"/> PM			Hour	Minute	<p><b><u>NOT acceptable if taken within 8 hours prior to fasting blood sample</u></b></p> <p><i>Proceed with blood draw and try to re-schedule a fasting re-draw visit.</i></p>
Hour	Minute						

1 <input type="checkbox"/>	<b>Other diabetes medications:</b> (specify) ↓
<div style="border: 1px solid black; width: 450px; 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"/> <input type="text"/>
	Month	Day	Year
13. Time specimen collected:	<input type="text"/> <input type="text"/>	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>	Completed by	<input type="text"/> <input type="text"/> <input type="text"/>
	Month	Day	Year		
Date Reviewed	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Reviewer Code	<input type="text"/> <input type="text"/> <input type="text"/>
	Month	Day	Year		
Date Entered	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Data Entry Code	<input type="text"/> <input type="text"/> <input type="text"/>
	Month	Day	Year		