

Study of Estrogen Activity and Development – SEAD 3 Specimen Collection Form

FORM#:

VER#:

SEAD ID#:

VISIT#:

DATE OF EXAM: / /
(month) (day) (year)

COORDINATOR'S INITIALS:

START TIME OF VISIT: :
(24-hour clock)

END TIME OF VISIT: :
(24-hour clock)

DATE OF BIRTH: / /
(month) (day) (year)

TIME OF BIRTH: :
(24-hour clock)

EXAM SITE: HUP NURSERY1
 FAMILY PRACTICE2
 MARKET STREET3
 UNIVERSITY CITY.....4
 COBB'S CREEK.....5
 SOUTH PHILADELPHIA.....6
 COATESVILLE.....7
 KENNETT SQUARE8
 NORTH HILLS.....9
 WEST CHESTER.....10
 WEST GROVE`11
 CHADD'S FORD12
 OTHER.....13
 SPECIFY: _____

SEX OF BABY: MALE 1
 FEMALE2

FEEDING METHOD: BREAST 1
 COW FORMULA.....2
 SOY FORMULA.....3

AGE INTERVAL:

0 – 48 HOURS..... 1	7 WEEKS.....8	15 WEEKS.....16	23 WEEKS.....24
1 WEEK 2	2 MONTHS9	4 MONTHS17	6 MONTHS.....25
2 WEEKS..... 3	9 WEEKS.....10	17 WEEKS.....18	7 MONTHS.....26
3 WEEKS..... 4	10 WEEKS.....11	18 WEEKS.....19	8 MONTHS.....27
1 MONTH..... 5	11 WEEKS.....12	19 WEEKS.....20	9 MONTHS.....28
5 WEEKS..... 6	3 MONTHS13	5 MONTHS21	10 MONTHS.....29
6 WEEKS..... 7	13 WEEKS.....14	21 WEEKS.....22	11 MONTHS.....30
	14 WEEKS.....15	22 WEEKS.....23	12 MONTHS.....31

ANTHROPOMETRIC MEASUREMENT:

	1. Weight.	2. Length	3. Head circumference
a. FIRST MEASUREMENT:	<input type="text"/> . <input type="text"/> (kg)	<input type="text"/> . <input type="text"/> (cm)	<input type="text"/> . <input type="text"/> (cm)
b. SECOND MEASUREMENT:	<input type="text"/> . <input type="text"/> (kg)	<input type="text"/> . <input type="text"/> (cm)	<input type="text"/> . <input type="text"/> (cm)
c. THIRD MEASUREMENT:	<input type="text"/> . <input type="text"/> (kg)	<input type="text"/> . <input type="text"/> (cm)	<input type="text"/> . <input type="text"/> (cm)

SALIVA:

4. Was saliva collected?

YES..... 1
NO..... [Q10]..... 2

[IF YES:]

5. Date of collection:

/ /
(month) (day) (year)

6. Start time of collection:

:
(24-hour clock)

7. Amount collected:

.
MLS

8. Number of vials of saliva:

#OF VIALS

9. End time of collection:

:
(24-hour clock)

[IF NO:]

10. Reason for not collecting any specimen:

CAREGIVER REFUSED..... 1
OTHER 2
SPECIFY: _____

URINE:

11. Was urine collected?

YES..... 1
NO..... [Q19]..... 2

[IF YES:]

12. Date of collection:

/ /
(month) (day) (year)

13. Start time of collection:

:
(24-hour clock)

[RECORD ADDITIONAL COLLECTIONS ON BACK]

SUB#:

	14. Diaper or bag?	15. Time removed:	16. Record amount of urine collected:
a. 1st	diaper.....1 bag.....2	<input type="text"/> : <input type="text"/> (24-hour clock)	<input type="text"/> . <input type="text"/> (mls)
b. 2nd	diaper.....1 bag.....2	<input type="text"/> : <input type="text"/> (24-hour clock)	<input type="text"/> . <input type="text"/> (mls)
c. 3rd	diaper.....1 bag.....2	<input type="text"/> : <input type="text"/> (24-hour clock)	<input type="text"/> . <input type="text"/> (mls)
TOTAL:			<input type="text"/> . <input type="text"/> (mls)

17. End time of collection:

:
(24-hour clock)

18. Number of vials of urine:

#OF VIALS

[IF NO:]

19. Reason for not collecting any specimen:

CAREGIVER REFUSED..... 1
OTHER [Q26] 2
SPECIFY: _____

BLOOD:

20. Was blood collected?

YES..... 1
NO..... [Q26] 2
N/A [INSTRUCTION] 6

[IF YES:]

21. Date of collection:

/ /
(month) (day) (year)

22. Start time of collection:

:
(24-hour clock)

23. Number of cards collected:

#OF CARDS

24. Total number of spots filled on all cards:

#OF SPOTS

25. End time of collection:

□□ : □□
(24-hour clock)

[IF NO:]

26. Reason for not collecting any specimen:

CAREGIVER REFUSED..... 1
OTHER 2
SPECIFY: _____

□□□□

INSTRUCTION:

[ASK Q 27 THROUGH 30 ONLY IF AGE INTERVAL = 12 MONTHS, ALL OTHERS, GO TO Q31.]

HAIR:

[ASK PARENT BEFORE CUTTING HAIR:]

27. Is this [CHILD'S NAME]'s first haircut?

YES..... 1
NO..... [Q31] 2

28. Was hair collected?

YES..... 1
NO..... [Q30] 2

[IF YES:]

29. Date of collection:

□□ / □□ / □□□□
(month) (day) (year)

[IF NO:]

30. Reason for not collecting specimen:

CAREGIVER REFUSED..... 1
OTHER 2
SPECIFY: _____

□□□□

31. Were there any problems with the exam?

YES..... 1
NO [END] 2

[IF YES:]

32. Please specify:

33. Future use of samples (from consent form).

a (OTHER TESTS) 1
b (STUDY ONLY)..... 2
c (PERMISSION NEEDED)..... 3