

Main Study ID.....
 SITE.....

UKIVAS ID.....
 Patient Initials.....

Section 1

DATE OF VISIT __/__/____

Study Name:.....

Lead Clinician:.....

Study ID:.....



Complete Section 1 & 3 at all visits. Use section 2 to assist with completing distiller.

SECTION 1 Participant Details

UKIVAS ID (if applicable)	
Name	
Address	
MRN	
Date Of Birth	
Mobile Number	
Home Number	
Email	

Type of Participant

Type of Participant	Patient <input type="checkbox"/>	Disease Control <input type="checkbox"/>	Healthy Control <input type="checkbox"/>
Linked to registered participant	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(if yes) Name: _____ Relationship: _____

GP Details (Tick if no Change since last encounter)

GP Name	
GP Address	
GP Phone	

Encounter Details

Encounter (please tick)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	other: _____
Date (dd/mm/yyyy)	__/__/____					
Samples Collected (please tick)	Urine <input type="checkbox"/>	Leukocytes <input type="checkbox"/>	Urine (exosome) <input type="checkbox"/>			
	Serum <input type="checkbox"/>	Paxgene tube <input type="checkbox"/>				
	Plasma <input type="checkbox"/>	Saliva <input type="checkbox"/>				
	Tissue <input type="checkbox"/>	Proteomic plasma <input type="checkbox"/>				
	DNA <input type="checkbox"/>	None <input type="checkbox"/>				

SECTION 2 Insert Date Distiller Complete.

Baseline Characteristics - Common	Complete __/__/____
Baseline Characteristics - Vasculitis	Complete __/__/____
Pre-Existing Co-morbidity	Complete __/__/____
Diagnosis Vasculitis	Complete __/__/____
Treatment Continug Medications	Complete __/__/____
Treatment - Intermittent pulse administration	Complete __/__/____
Treatment - Plasma Exchange	Complete __/__/____

ENCOUNTER

Disease Assessment Common	Complete __/__/____
Disease Assessment Vasculitis	Complete __/__/____
BVAS	Complete __/__/____
Investigations - Common	Complete __/__/____
Investigations - Vasculitis	Complete __/__/____
Biopsy	Complete __/__/____
Complications	Complete __/__/____

Initials of person completing form: _____ Data-Sample Collection Sheets_v2_130514

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Section 3				SAMPLE DETAILS			
Encounter (please tick)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		other: _____			
Type of Participant		Patient <input type="checkbox"/>		Disease Control <input type="checkbox"/>		Healthy Control <input type="checkbox"/>	
Date (dd/mmm/yyyy)		__/__/____					
UKIVAS ID		PAXgene tube		Time of Collection:			
Main Study I.D.				Time of Freezing:			
Collected by:		BDP100 Proteomics		Time of Collection:			
Processed by:				Time of Freezing:			
Date:							
URINE DETAILS	TIME OF VOIDING:			IS THIS URINE FROM A CATHETER BAG		YES NO (please circle)	
TRANSPORT TEM	ICE / 4		ICE / 4		ROOM TEMPERATURE		
Urine Sample type:	Proteomics		Metabolomics		Exosome		
TIME OF PROCESSING							
TIME OF FREEZING							
Total Volume (ml):							
No. of 5ml (50ml for Exosome) tubes frozen:							
Volume of each 5ml (or 50ml) tube:							
Number of 2ml cryovials frozen:							
Volume in each cryovial:							
Protease Inhibitor tablet added	Yes/ NO- Please Circle						
SERUM DETAILS				PLASMA DETAILS			
TIME OF COLLECTION:				TIME OF EDTA TUBE COLLECTION:			
TIME OF SPINNING:				TIME OF SPINNING:			
TIME OF FREEZING:				TIME OF FREEZING:			
Number of 2ml cryovials frozen:				Number of 2ml cryovials frozen:			
Volume stored in each cryovial:				Volume stored in each cryovial:			
Centrifuge setting for Blood Spins (please circle)				Protease Inhibitor added:		Yes/ NO- Please Circle	
1500G		2000G		Number vials have PI:			
Plasma had 2 spins?: Yes/ No - Please Circle				Number vials don't have PI:			
DNA DETAILS				EDTA TUBE PBMC- PREP DETAILS			
Time of Blood EDTA Collection:				Time of Blood EDTA Collection:			
Time of Freezing:				Date of Processing:			
Date of Processing:				Time of Processing:			
Processed by:				Tube type (EDTA/LiHep/ACD):			
DNA concentration after extraction:				Processed by:			
Normalised to:				Cell Number:			
Number of normalised vials frozen:				Number of cryovials frozen:			
Volume in normalised vials frozen:				Cell no. per cryovial:			
Note: If the integrity of the sample container is compromised, or the proper amount of sample is not present, or the sample containers/labelling is not adequate, or the blood samples appear hemolysed or there was any problem with processing				Has the Urine E sample been spun at 2000G for ten minutes and only supernatant stored and pellet discarded PLEASE TICK:			
				YES		NO	

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