





	SERIAL NUMBER (7 DIGITS) CKL PERSON NO. NDNS NHS (A)
	National Diet and Nutrition Survey (NDNS)
	NHS Central Register and Cancer Register
	(Adults 16+)
•	The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
•	We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the National Diet and Nutrition Survey.
•	If a person who took part in the National Diet and Nutrition Survey gets cancer, or dies, the type of cancer or cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people's lifestyle can have an impact on their future health.
•	This information will be confidential and used for research purposes only.
•	By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will <u>not</u> be able to obtain any other details from your medical records.
•	You can cancel this permission at any time in the future by writing to us at the following address: National Centre for Social Research, 35 Northampton Square, London EC1V 0AX

Central Register may be used to follow up my health status.

I, (name) _____ consent to the NDNS team passing my name, address and date of birth to the *National Health Service Central Register*. I understand that information held by *the NHS*

I understand that these details will be used for research purposes only.

Signed

Your consent







NDNS(N)

National Diet and Nutrition Survey (NDNS)

CONSENT BOOKLET: PERSONAL COPY

Serial Number:				
First Name:				

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (A1)

ADULT AGED 16+

Respondent's name	(BLOCK LETTERS)
 I have received the information leaflets (Interviewer and N nature and purpose of the study. I have read and underst 	, .
 I am satisfied with any enquiries I have made regarding th 	ne study.
 I have been informed that the results will be kept confiden protects my identity. 	tial and presented in a way that
 I understand that I may withdraw my consent to any or all time without needing to give a reason. 	of the survey elements at any
I hereby consent to the following aspects of the study:	
Please initial box if consent given	
The survey team sending my blood pressure measure	ment to my GP.
The survey team sending my body mass index measu	rements to my GP.
Taking PABA tablets to support the 24-hour urine colle	ection.
Laboratory analysis of my 24-hour urine collection, to I	help assess my diet.
Storage of any remaining urine for tests in the future reprovided that the tests are approved by an NHS ethics can withdraw my consent to store my urine at any time asking the investigators in writing for my urine to be redestroyed. I understand that my data is being used in a	committee. I understand that I e, without giving any reason, by moved from storage and
Signature:Dat	e

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (A2)

ADULT AGED 16+

Respondent's name	(BLOCK LETTERS)
 I have received the information leaflets (Interviewer are nature and purpose of the study. I have read and under 	,
 I am satisfied with any enquiries I have made regardir 	ng the study.
I have been informed that the results will be kept conf protects my identity.	idential and presented in a way that
 I understand that I may withdraw my consent to any o time without needing to give a reason. 	or all of the survey elements at any
I hereby consent to the following aspects of the study Please initial box if consent given	y:
Having a blood sample for tests related to nutrition and used for HIV or genetic testing.	d health. This blood sample will not be
I would like / would not like (delete as appropriate) to re relevant blood results*.	eceive a written report of my clinically
The NDNS team sending my potentially clinically relevant	ant blood results to my GP*.
Storage of any remaining blood for tests in the future restant that the tests are approved by an NHS ethics committee consent to store my blood at any time, without giving a writing for my blood to be removed from storage and debeing used in anonymised form only.	ee. I understand that I can withdraw my iny reason, by asking the investigators in
*Please note that if you do not want to receive a report of y to be passed on to your GP we need you to sign a disclaim	
Signature:	.Date

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (C1)

Children aged 4 to 15 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (Interviewer and Nurse versions) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.

I hereby agree for my child to participate in the following aspects of the survey:
Please initial box if consent given
The survey team sending his/her blood pressure measurement to his/her GP.
Taking PABA tablets to support the 24-hour urine collection.
Laboratory analysis of his/her 24-hour urine collection, to help assess his/her diet.
Storage of any remaining urine for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my child's urine at any time, without giving any reason, by asking the investigators in writing for his/her urine to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.
Respondent's (Child's) Name:
Parent/Guardian Name:
Parent/Guardian signature:
Child assent
I agree to take part in the NDNS survey. I understand the measurements that will be made.
Respondent (Child) signature:

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (C2)

Children aged 4 to 15 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

I hereby agree for my child to participate in the following aspects of the survey:

- I have received the information leaflets (Interviewer and Nurse versions) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.
- I have been given written information about the Ametop gel and the nurse has explained the purpose and use of Ametop gel to me.

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (YC1)

Children aged 1.5 to 3 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (Interviewer and Nurse versions) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the study elements at any time without needing to give a reason.
- I have been given written information about the Ametop gel and the nurse has explained the purpose and use of Ametop gel to me.

I hereby agree for my child to participate in the following aspects of the study:

Please i	initial box if consent given	
	Blood sample for tests related to nu or genetic testing. Please tick the ap	trition and health. This blood sample will not be used for Hi
	☐ with Ametop gel	☐ without Ametop gel
	I would like / would not like (delete a clinically relevant blood results*.	as appropriate) to receive a written report of my child's
	The NDNS team sending potentially	clinically relevant blood results to his/her GP*.
	that the tests are approved by an Ni consent to store my child's blood at	tests in the future relating to nutrition and health, provided HS ethics committee. I understand that I can withdraw my any time, without giving any reason, by asking the good to be removed from storage and destroyed. I seed in anonymised form only.
	that if you do not want to receive a re his/her GP we need you to sign a dis	eport of his/her blood results and do not want results to be claimer (page 6).
Respondent	t's (Child's) Name:	
Parent/Guar	rdian Name:	
Parent/Guar	rdian signature:	Date

NDNS DISCLAIMER

Date:
Name:(Block letters)
Respondent's name: (Block letters) (if different from above)
This is to clarify that against the advice of the NDNS survey team I:
Please initial boxes
Do not want to receive my / my child's (delete as appropriate) clinically relevant examination results
Do not want my / my child's (delete as appropriate) clinically relevant examination results being sent to my / his/her (delete as appropriate) GP
I do understand that if there are findings outside the normal range this will not be brought to the attention of any health care provider.
By doing so, I assume all responsibility for my act.
Signed:
Nurse:







National Diet and Nutrition Survey - Consent Booklet: Office Copy

INDIVIDUAL SERIAL NUMBER: Affix label NCON here for this person: STICK NCON (1) LABEL HERE Nurse number: 2. Date schedule DAY MONTH YEAR completed (all visits complete): Name by which GP knows person (if different) Sex Male 1 Female 2 Full name of parent/guardian (if person under 16) GP NAME AND ADDRESS Dr: GP NAME AND ADDRESS Dr: GP Address: Address: Town: County: Postcode: Telephone no: SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM ABIOTY BOOK OF B	ADDRESS		
County:			on:
Completed (all visits complete):		(1) LABEL	
Sex Male 1 5. Date of birth: DAY MONTH YEAR YEAR MONTH YEAR		ompleted	AR
Sex Male 1 5. Date of birth: DAY MONTH YEAR	full name (of person tested)		
Sex Male 1 2 5. Date of birth:	lame by which GP knows person (if different)		
SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM a) Blood pressure to GP b) Body Mass Index (BMI) to GP c) Take PABA tablet d) Lab analysis of Urine e) Urine sample for storage f) Sample of blood to be taken			ÆAR
Dr: GP Address complete 1 Practice Name: GP Address complete 2 Address: No GP 3 Town: County: Postcode: Telephone no: SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM a) Blood pressure to GP b) Body Mass Index (BMI) to GP c) Take PABA tablet d) Lab analysis of Urine e) Urine sample for storage f) Sample of blood to be taken VES NO 01 02 03 04 05 06 07 08 09 10 11 12	ull name of parent/guardian (<i>if person under 16</i>)		
Practice Name: GP Address complete 1	GP NAME AND ADDRESS	8. NURSE USE ONLY	
Address: No GP 3 Town:	Dr:	GP Address complete	1
Town: County: Postcode: Telephone no: SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM a) Blood pressure to GP b) Body Mass Index (BMI) to GP c) Take PABA tablet d) Lab analysis of Urine e) Urine sample for storage f) Sample of blood to be taken		Of Address flot complete	
Town: County: Postcode: Telephone no: Telephone no: SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM YES NO a) Blood pressure to GP 01 02 b) Body Mass Index (BMI) to GP 03 04 c) Take PABA tablet 05 06 d) Lab analysis of Urine 07 08 e) Urine sample for storage 09 10 f) Sample of blood to be taken 11 12	Address:	No GP 3	3
County: Postcode: Telephone no: SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM YES NO a) Blood pressure to GP 01 02 b) Body Mass Index (BMI) to GP 03 04 c) Take PABA tablet 05 06 d) Lab analysis of Urine 07 08 e) Urine sample for storage 09 10 f) Sample of blood to be taken 11 12			
Postcode: Telephone no:			
Telephone no: SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM YES NO a) Blood pressure to GP 01 02 b) Body Mass Index (BMI) to GP 03 04 c) Take PABA tablet 05 06 d) Lab analysis of Urine 07 08 e) Urine sample for storage 09 10 f) Sample of blood to be taken 11 12			
SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM a) Blood pressure to GP b) Body Mass Index (BMI) to GP c) Take PABA tablet d) Lab analysis of Urine e) Urine sample for storage f) Sample of blood to be taken			
a) Blood pressure to GP b) Body Mass Index (BMI) to GP c) Take PABA tablet d) Lab analysis of Urine e) Urine sample for storage f) Sample of blood to be taken	Telephone no.		
b) Body Mass Index (BMI) to GP c) Take PABA tablet d) Lab analysis of Urine e) Urine sample for storage f) Sample of blood to be taken 03 04 05 06 07 08 09 10 11 12	SUMMARY OF CONSENTS - RING CODE FOR E	ACH ITEM YES N	0
c) Take PABA tablet 05 06 d) Lab analysis of Urine 07 08 e) Urine sample for storage 09 10 f) Sample of blood to be taken 11 12			
d) Lab analysis of Urine 07 08 e) Urine sample for storage 09 10 f) Sample of blood to be taken 11 12	, , ,		
e) Urine sample for storage f) Sample of blood to be taken 09 10 11 12			
f) Sample of blood to be taken 11 12	•		
, , ,	,		
g) Blood sample result to GP 13 14	g) Blood sample result to GP		4
	h) Blood sample for storage	15 1	U

BLOOD SAMPLE LABORATORY REFERENCE LIST

The tables below show which blood samples should be taken (in priority order) and need to be sent to each lab for each age group:

RESPONDENTS AGED 16+

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
3	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.1
4	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.1
5	LI HEP 2	ORANGE	LH N2	Field Lab	DESP FL2.1
6	FLUORIDE	YELLOW	F N1	Field Lab	DESP FL2.1
7	LI HEP 3	ORANGE	LH N3	Field Lab	DESP FL2.1
8	EDTA 2	RED	E N2	Field Lab	DESP FL2.1

RESPONDENTS AGED 7-15

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.2
3	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
4	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.2
5	LI HEP 2	ORANGE	LH N2	Field Lab	DESP FL2.2
6	FLUORIDE	YELLOW	F N1	Field Lab	DESP FL2.2

RESPONDENTS AGED 18 mths - 6 yrs

Priority	Blood Tube	Colour	Label Reference	Laboratory	Despatch note
1	EDTA 1	RED	E N1	Addenbrookes	DESP ADDX
2	LI HEP 1	ORANGE	LH N1	Field Lab	DESP FL2.3
3	SERUM 1	BROWN	SE N1	Addenbrookes	DESP ADDX
4	SERUM 2	WHITE	SE N2	Field Lab	DESP FL2.3

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (A1)

ADULT AGED 16+

Respondent's name	(BLOCK LETTERS)
 I have received the information leaflets (Interviewer and Nonature and purpose of the study. I have read and understood 	,
 I am satisfied with any enquiries I have made regarding the 	e study.
 I have been informed that the results will be kept confident protects my identity. 	tial and presented in a way that
 I understand that I may withdraw my consent to any or all of time without needing to give a reason. 	of the survey elements at any
I hereby consent to the following aspects of the study:	
Please initial box if consent given The our you teem conding my blood procesure measurer	ment to my CD
The survey team sending my blood pressure measurer	•
The survey team sending my body mass index measur	•
Taking PABA tablets to support the 24-hour urine colle	ction.
Laboratory analysis of my 24-hour urine collection, to h	nelp assess my diet.
Storage of any remaining urine for tests in the future re provided that the tests are approved by an NHS ethics can withdraw my consent to store my urine at any time asking the investigators in writing for my urine to be rer destroyed. I understand that my data is being used in a	committee. I understand that I , without giving any reason, by moved from storage and
Signature:	
OlgitatureDate	,

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (A2)

ADULT AGED 16+

Respondent's name

•
 I have received the information leaflets (Interviewer and Nurse versions) which explain the nature and purpose of the study. I have read and understood these leaflets.
I am satisfied with any enquiries I have made regarding the study.
 I have been informed that the results will be kept confidential and presented in a way that protects my identity.
 I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.
I hereby consent to the following aspects of the study:
Please initial box if consent given
Having a blood sample for tests related to nutrition and health. This blood sample will not be used for HIV or genetic testing.
I would like / would not like (delete as appropriate) to receive a written report of my clinically relevant blood results*.
The NDNS team sending my potentially clinically relevant blood results to my GP*.
Storage of any remaining blood for tests in the future relating to nutrition and health, provided that the tests are approved by an NHS ethics committee. I understand that I can withdraw my consent to store my blood at any time, without giving any reason, by asking the investigators in writing for my blood to be removed from storage and destroyed. I understand that my data is being used in anonymised form only.
*Please note that if you do not want to receive a report of your blood results and do not want result to be passed on to your GP we need you to sign a disclaimer (page 8).
Signature:Date

(BLOCK LETTERS)

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (C1)

Children aged 4 to 15 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (Interviewer and Nurse versions) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.

I hereby agree for my child to participate in the following aspects of the sur	vey:
Please initial box if consent given	
The survey team sending his/her blood pressure measurement to his/h	ier GP.
Taking PABA tablets to support the 24-hour urine collection.	
Laboratory analysis of his/her 24-hour urine collection, to help assess h	his/her diet.
Storage of any remaining urine for tests in the future relating to nutrition provided that the tests are approved by an NHS ethics committee. I uncan withdraw my consent to store my child's urine at any time, without reason, by asking the investigators in writing for his/her urine to be remaining and destroyed. I understand that my data is being used in anonymic	derstand that giving any noved from
Respondent's (Child's) Name:	
Parent/Guardian Name:	
Parent/Guardian signature:	
Child assent	
I agree to take part in the NDNS survey. I understand the measurements that will b	e made.
Respondent (Child) signature:	

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (C2)

Children aged 4 to 15 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

I hereby agree for my child to participate in the following aspects of the survey:

- I have received the information leaflets (Interviewer and Nurse versions) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the survey elements at any time without needing to give a reason.
- I have been given written information about the Ametop gel and the nurse has explained the purpose and use of Ametop gel to me.

<u>Please in</u>	itial box if consent given		
	Blood sample for tests related to nut or genetic testing. Please tick the ap		sample will not be used for HI
	☐ with Ametop gel	☐ without Ametop gel	
	I would like / would not like (delete a clinically relevant blood results*.	s <i>appropriate)</i> to receive a v	written report of my child's
	The NDNS team sending potentially	clinically relevant blood res	ults to his/her GP*.
	Storage of any remaining blood for to that the tests are approved by an NH consent to store my child's blood at a investigators in writing for his/her blo understand that my data is being use	dS ethics committee. I unde any time, without giving any and to be removed from stor	rstand that I can withdraw my reason, by asking the age and destroyed. I
*Please note t	hat if you do not want to receive a rep	oort of your child's blood res	sults and do not want results to
be passed on	to his/her GP we need you to sign a	disclaimer (page 8).	
Respondent's	s (Child's) Name:		
Parent/Guard	lian Name:		
Parent/Guard	lian signature:	Ε)ate
Child asser	nt		
I agree to tak	e part in the NDNS survey. I unde	rstand the measurements	s that will be made.
Respondent ((Child) signature:		Date

CONSENT FORM FOR THE NATIONAL DIET AND NUTRITION SURVEY CF (YC1)

Children aged 1.5 to 3 years

Parent/Guardian Section

I agree for my child to participate in the above named survey and in doing so acknowledge that:

- I have received the information leaflets (Interviewer and Nurse versions) which explain the nature and purpose of the study. I have read and understood these leaflets.
- I am satisfied with any enquiries I have made regarding the study.
- I have been informed that the results will be kept confidential and presented in a way that protects my child's identity.
- I understand that I may withdraw my consent to any or all of the study elements at any time without needing to give a reason.
- I have been given written information about the Ametop gel and the nurse has explained the purpose and use of Ametop gel to me.

I hereby agree for my child to participate in the following aspects of the study:

<u>Please i</u>	initial box if consent given		
	Blood sample for tests related to nu or genetic testing. Please tick the a	utrition and health. This blood sample will not be used for ppropriate box:	r HI
	☐ with Ametop gel	☐ without Ametop gel	
	I would like / would not like (delete a clinically relevant blood results*.	as appropriate) to receive a written report of my child's	
	The NDNS team sending potentially	y clinically relevant blood results to his/her GP*.	
	that the tests are approved by an N consent to store my child's blood at	tests in the future relating to nutrition and health, provide IHS ethics committee. I understand that I can withdraw not any time, without giving any reason, by asking the lood to be removed from storage and destroyed. I seed in anonymised form only.	
	that if you do not want to receive a rehis/her GP we need you to sign a dis	eport of his/her blood results <u>and</u> do not want results to b sclaimer (page 8).	be
Respondent	's (Child's) Name:		
Parent/Guar	dian Name:		
Parent/Guar	dian signature:	Date	

NDNS DISCLAIMER

Date:			
Name:		(Block letters	3)
Respondent's name: (if different from abov	/e)		(Block letters)
This is to clarify that	against the advice of the NDNS s	survey team I:	
Please initial boxes			
	want to receive <u>my</u> / <u>my child's</u> (o ation results	delete as appi	ropriate) clinically relevant
	want <u>my</u> / <u>my child's</u> <i>(delete as a</i> being sent to <u>my</u> / <u>his/her</u> <i>(delete</i>		5
I do understand that attention of any healt	if there are findings outside the n th care provider.	ormal range t	his will not be brought to the
By doing so, I assum	e all responsibility for my act.		
Signed:			
Nurse:			

Nurses - fill in sections in bold only

Volunteer Details

Surname HNR (use top 9 digit number of label)

Firstname P952

DOB / dd/mm/yyyy

Sex Male 1

circle as appropriate 2 **Female**

Study Details Affix serial

AddxB1(11)

or

AddxB2 (12)

or

AddxB3 (13)

Consultant **JMHNR** number label

Location **NDNS** Title **NDNS**

Contact Katie Dearnley

01223 426356

Contact OOH Dr Jennifer Mindell

020 7679 1269

Sample Details

Date Volunteer Fasted / dd/mm/yyyy Yes

Time 24hr clock No

circle as appropriate 2

Sample Tub	е		Tests	Lab order	Lab barcode	Lab processing	
Serum	Full	circle as	Creatinine CRP Lipid Profile		BIOCHEM BARCODE	Automation rack	
SE1 brown	SE1 brown Partial appropriate TSH Free T4 Free T3		Free T4	CP952	EDTA sample must be labelled with both	AULOMATION FACK	
EDTA	Full	circle as	HbA1c Red Cell Folate		biochem & haem barcodes	Pass to Endo Staff for division of EDTA -	
EN1 red	Partial	appropriate	FBC	HA952	HAEM BARCODE	instructions below	

EDTA separation

Depending on sample volume split the whole blood in the following priority

FBC

Minimum volume required is 1ml - there will be three options:

- Volume less than 1ml (e.g. partial sample) proceed to folate aliquoting and add Meditech comment HAZINS against the haem barcode
- Volume very close to 1ml send primary tube to Haem with the pink duplicate request form, add Meditech comment CCOM and free text against the biochem barcode
- Volume more than ~1.7ml proceed to aliquoting whole blood for folate then primary tube to Haem with the pink duplicate request form

Folate

Take 2x 2ml tubes of ascorbic acid from the bottom half of the -80°C Protect freezer and defrost. Each contains 1ml ascorbic acid - check it has not expired

Print patient biochem barcodes (screen 66)

Label 2x defrosted 2ml ascorbic acid tubes with patient biochem barcodes Invert the primary EDTA tube a few times to re-suspend the contents

Transfer exactly 100µl from primary EDTA tube into each tube containing 1ml ascorbic acid and invert to mix

Store in the -80°C Protect freezer

If there is sufficient volume proceed to aliquoting whole blood for A1c

If there is insufficient volume left for A1c add a Meditech comment CCOM and free text against the

biochem barcode

HbA1c Label 1x 2ml secondary tube with patient biochem barcode and write A1c

Invert the primary EDTA tube a few times to re-suspend the contents

Transfer 0.5ml from primary EDTA tube into secondary tube

Place secondary tube in A1c skip in office

Cambridge University Hospitals NHS Foundation Trust Laboratory Projects Office 01223 216925 / 01223 257148

SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab

		•	·
1.	Respondent Details		2. Record respondents sex:
			Male: 1
		Please affix serial	Female: 2
		number label here	3. Was the respondent:
		label FL2 (14)	Fasted 1
			Non-fasted 2
4.	Date sample taken:	Day Month	Year
		24 hr clock	24 hr clock
5.	Time sample taken:	:	6. Iab:
7 .	Nurse Number		
<u> </u>		MDI ETED DV THE FIELD	LARORATORY
SE		MPLETED BY THE FIELD	LABORATORY
A.	Date sample arrived	: Day Month	Year
		24 hr clock	
В.	Time of arrival	:	
C.	Complete table belo	w:	

Samples expected:	Sample received?		Volume receiv'd?	Are tubes damaged?	
		No	mls	Yes	No
EDTA (Red Top) 2.6ml (E N2)					
LiHep 1 (Orange Top) 7.5ml (LH N1)					
LiHep 2 (Orange Top) 7.5ml (LH N2)					
LiHep 3 (Orange Top) 4.5ml (LH N3)					
Plain Serum (White top) 4.5ml (SE N2)					
Fluoride (Yellow top) 1.2ml (F N1)					

Lab technician/analyst:

Please transfer 1300µl whole blood from the well mixed LH N3 tube to the blue capped storage tube (label: LH WB) before starting centrifugation. Place aliquot on ice if not transferred to freezer immediately.

D. Centrifuge tubes as described in the protocol and then complete the following table:

Sample	Time tube centrifuged (24hr clock)		sample rmal?	If abnormal, code reason	
	(24III CIOCK)	Yes	No	(enter code from list)	
E N2	:				
LH N1	:				
LH N2	:				
LH N3	:				
SE N2	:				
F N1	:				

Code frame for abnormal samples:

1 = Haemolysed

2 = Turbid

3 = Lipemic

4 = Frozen

5 = Clot Present

(EDTA/LiHep only)

6 = Entirely clotted (EDTA/LiHep only)

7 = Not Clotted (plain serum only)

8 = Other (please describe overleaf)

Sample	Required Vol (μl)	Actual Vol(μl)	Time of aliquoting	Time of entry in freezer	
LH 1	800				
LH 2	800				
LH VITC	300				
LH 3	800				
LH 4	200				
LH 5	400				
LH 6	400				
LH 7	500				
LH 8*	1500				
LH 9*	600 - 1200				
E1	1000				
SE 1	600				
SE 2*	600				
SE 3*	600				
F 1	500				
LHWB (from LH N3)	1300				
LHN1 washed RBC's	N/A	N/A	N/A		
LHN2 washed RBC's	N/A	N/A	N/A		
LHN3 washed RBC's	N/A	N/A	N/A		
Please use the remaining plass atticipated that there will not a ther of the LiHep tubes is had the remaining tubes. But alward LH6. If you have to use LH	always be sufficient emolysed use the clovays use LiHep plas	plasma/serum ear plasma to f ma from LH N	to fill to the desirable ill priority tubes, and 1 or LH N2 (trace me	e volume. If plasma fror the haemolysed plasma tal monovettes) to fill Li	

If other abnormality, please describe here:

G.

This record must **be faxed to HNR** on the day of sample processing: Fax No.: 01223 437546

(Print name)

Sign form - Analyst/Technician sign form:_

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab

1.	Respondent Details]	2. Red	ord resp	ondents	sex:			
								Male:	1			
		Please affix serial number label here				Female: 2						
						3. Was	s the res	pondent	:			
		Label	Label FL2(14)					Fasted	1			
							Nor	n-fasted	2			
4.	Date sample taken:	Day 24 hr clock	Month	n	Year				24 hr clo	ock		
5.	Time sample taken:		:			ime sam b:	iple deliv	ered to		:		
7.	Nurse Number											
	CTION 2: TO BE COI		Y THE	FIELD	LABORA	TORY						
Α.	Date sample arrived	: Day 24 hr clock	Monti	h	Year							
В.	Time of arrival		:									
C.	Complete table belo	w:										
	Samples expected.		Sample received?		Volume receiv'd?		tubes aged?					
			Yes	No	mls	Yes	No					
	LiHep 1 (Orange Top) 7. (LH N1)	5ml										
	LiHep 2 (Orange Top) 2. (LH N2)	7ml										

_	Centrifuge tubes as described in the protocol and then complete the
D.	following table:

Plain Serum (White top) 4.5ml

Fluoride (Yellow top) 1.2ml

(SE N2)

(F N1)

Sample	Time tube centrifuged		sample rmal?	If abnormal, code reason	
	(24hr clock)	Yes	No	(enter code from list)	
LH N1	:				
LH N2	:				
SE N2	:				
F N1	:				

Code frame for abnormal samples:

- 1 = Haemolysed
- **2** = Turbid
- 3 = Lipemic
- 4 = Frozen
- **5** = Clot Present (EDTA/LiHep only)
- 6 = Entirely clotted
- (EDTA/LiHep only) **7** = Not Clotted
- (plain serum only)
 8 = Other (please describe
 overleaf)

ii other abhormaii	ty, please describe hei	re:		
Please complete	table:	Actual	Time of	Time of entry
Sample		34 14 15		
p	Vol (μl)	Vol(μl)	aliquoting	into freezer
LH 1	Voi (μi) 600	Vol(μl)	aliquoting	into freezer
·		Vol(μl)	aliquoting	into freezer

800

300

200

500

300

600

600

600

500

N/A

N/A

LH 3

LH 4

LH 5

LH 6

LH 7

SE 1

SE 2

SE 3

F 1

LHN1 washed RBCs

LH N2 washed RBCs

If plasma from either of the	e LiHep tubes is	haemolysed u	se the clear plasm	na to fill priority tubes,
and the haemolysed plasr	na to fill the rema	aining tubes. B	ut always use LiH	ep plasma from LH N1
(trace metal monovette) to	fill LH4. If you h	nave to use LH	N2 plasma for LH	14 then please make a
note in the table above.	•		•	•

N/A

N/A

N/A

N/A

F.	Record temperature samples stored at:°C	
G.	Sign form - Analyst/Technician sign form:	(signature)
		(Print name)

This record must **be faxed to HNR** on the day of sample processing: Fax No.: **01223 437546**

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

SECTION 1: NURSE complete all sections CLEARLY & LEGIBLY. Enclose with samples to Field Lab

1.	Respondent Details					2. Red	ord resp	ondents	sex:	·	
								Male:	1		
		i	Please affix serial number label here				I	Female:	2		
			Label FL2(14)			3. Was	s the res	pondent	:		
		Label						Fasted	1		
							Noi	n-fasted	2		
4.	Date sample taken:	Day 24 hr clock	Month	1	Year				24 hr clo	ck	
5.	Time sample taken:		:			ime sam b:	ıple deliv	ered to		:[
7.	Nurse Number										
SE	CTION 2: TO BE COI	MPLETED E	BY THE	FIELD	LABORA	TORY					
Α.	Date sample arrived	Day 24 hr clock	Month	h	Year						
В.	Time of arrival		:								
C.	Complete table belo	w:									
	Samples expected:	Sample received?		Volume receiv'd?		ubes aged?					
	сатрю охроской.		Yes	No	mls	Yes	No				
	LiHep (Orange Top) 4 (LH N1)	.5ml									
	Plain Serum (White to	o) 2.7ml									

D. Centrifuge tubes as described in the protocol and then complete the following table:

(SE N2)

Sample	Time tube centrifuged		sample rmal?	If abnormal, code reason		
	(24hr clock)	Yes	No	(enter code from list)		
LH N1	:					
SE N2	:					

Code frame for abnormal samples:

- 1 = Haemolysed
- **2** = Turbid
- 3 = Lipemic
- 4 = Frozen
- **5** = Clot Present (EDTA/LiHep only)
- **6** = Entirely clotted (EDTA/LiHep only)
- 7 = Not Clotted (plain serum only)
- 8 = Other (please describe overleaf)

If other abnormality, please describe here:

E. Please complete table:

Sample	Required Vol (μl)	Actual Vol(μl)	Time of aliquoting	Time of entry into freezer
LH 1	400			
LH 2	600			
LH VITC	300			
LH 3	500			
SE 1	600			
SE 2	400			
LHN1 washed RBCs	N/A	N/A	N/A	

F.	Record temperature samples stored at:°C	
G.	Sign form - Analyst/Technician sign form:	(signature)
		(Print name)

This record must **be faxed to HNR** on the day of sample processing: Fax No.: **01223 437546**

The original must be returned to HNR with the samples and spare labels via courier at the pre-arranged date.

Nurse Name			Nurse Number				
	despondent etails						
a	etalis	Please affix serial number label here					
		Label UDESP(36)					
Pleasi	e complete one	record for each respond	lent				
	•	·					
Q1	Yes No	dent consent to taking PAI	BA tablets?				
Q2	Did the respon	dent consent to the storag	e of any remai	ining urine	?		
Q3	Was there any	urine inside the 2L bottle?					
		Weigh BOTH the 2L and 5 possible) to sub sample th at Q5 .					
	No	Weigh the 5L bottle only. F	Record weight	s below (Q4).		
Q4	Type of conta	iner: 5.0L jerry c	an				
•	_	e a first time , on the digital containing the urine:	al scales provid	ded, and r	ecord the	weight in k i	lograms
		kg					
•	Weigh the urin the urine:	e a second time and reco	rd the weight i	in kilogra	ms of the	5L bottle co	ntaining
		ka					

•	If the first and second weights differ by more than 0.02kg weigh the urine a third time and record the weight in kilograms of the 5L bottle containing the urine:
	kg
	If no urine in 2L bottle: mix the urine and take 4 sub-samples and discard the remaining urine nd equipment as per instructions provided. If any urine in 2L bottle: go to Q5.
Q5.	Type of container: 2.0L jerry can
•	Weigh the urine a first time , on the digital scales provided, and record the weight in kilograms of the 2L bottle containing the urine:
	kg
•	Weigh the urine a second time and record the weight in kilograms of the 2L bottle containing the urine:
	kg
•	If the first and second weights differ by more than 0.02kg weigh the urine a third time and record the weight in kilograms of the 2L bottle containing the urine:
	kg
Q6.	Can all urine in the 2L bottle be transferred into the 5L bottle?
	Yes Go to Q7 No Go to Q8
Q7.	Weigh first, then transfer urine from 2L bottle to 5L bottle. Mix urine before sub-sampling from 5L bottle <u>only</u> : mix the urine and take 4 sub-samples and discard the remaining urine and equipment as per instructions provided.
Q8.	If urine collected in 2L bottle will not fit in 5L bottle, do not transfer. Note the weight of the 2L bottle above but <u>only</u> sub-sample from 5L bottle: mix the urine and take 4 sub-samples and discard the remaining urine and equipment as per instructions provided.

Please use the packaging provided to send the following items to HNR:

- one copy of the respondent 24-hour urine collection sheet
- the completed urine volume and dispatch sheet
- and the urine sub-samples

Please post the packet of samples as soon as possible in a post-box; check for same day collection.

(OFFICE COPY)

	Respondent
4	D - 4 - 11 -

1. Details

Please affix serial number label here

Label OFFDESP (2)

	Circle one	Samples obtained: (tick all that apply)						
2.	Age group: 16+ 1	EDTA	EDTA	Serum 1	Serum 2	Li Hep1		
		Li Hep2	Li Hep3	Fluoride	24 hr Urine			
	7-15 2	EDTA	Serum1	Serum 2	Li Hep 1	Li Hep2		
		Fluoride	24 hr Urine					
	4-6 3	EDTA	Serum1	Serum 2		24 hr Urine		
	18 mths – 3 yrs 4	EDTA	Serum1	Serum 2	Li Hep 1			
3.	Date blood sample taken:	Day 24 hr clock	Month	Year				
4.	Time Blood sample taken:		:					
5.	Date blood despatched to Addenbrookes:	Day	Month	Year				
6.	Date Urine sub-sampled:	Day	Month	Year				
7.	Did you experience any problems in taking the Venepuncture? If yes, please record these below and state what action you took. (PROMPTED FROM CAPI)							