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

FORM#: 09  VER#: 01  SEAD ID#: S E A D       VISIT#: 

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

COORDINATOR’S INITIALS: __________

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

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

TIME OF BIRTH: __________ : __________
(24-hour clock)

EXAM SITE: HUP NURSERY .....................1
FAMILY PRACTICE .........................2
MARKET STREET ...........................3
UNIVERSITY CITY .........................4
COBB’S CREEK ............................5
SOUTH PHILADELPHIA ....................6
COATESVILLE .............................7
KENNETT SQUARE ........................8
NORTH HILLS .............................9
WEST CHESTER ............................10
WEST GROVE’ ............................11
CHADD’S FORD .........................12
OTHER ....................................13

SEX OF BABY: MALE .....................1
FEMALE ............................2

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

AGE INTERVAL:

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

ANTHROPOMETRIC MEASUREMENT:

<table>
<thead>
<tr>
<th>Weight</th>
<th>Length</th>
<th>Head circumference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. FIRST MEASUREMENT:</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>b. SECOND MEASUREMENT:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. THIRD MEASUREMENT:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)
<table>
<thead>
<tr>
<th>Sub#</th>
<th>Diaper or bag?</th>
<th>Time removed:</th>
<th>Record amount of urine collected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. 1st</td>
<td>diaper.........1</td>
<td></td>
<td><img src="mls" alt="1" /></td>
</tr>
<tr>
<td></td>
<td>bag..............2</td>
<td></td>
<td><img src="mls" alt="2" /></td>
</tr>
<tr>
<td>15.</td>
<td>Time removed:</td>
<td></td>
<td><img src="mls" alt="3" /></td>
</tr>
<tr>
<td></td>
<td>(24-hour clock)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Record amount</td>
<td></td>
<td><img src="mls" alt="4" /></td>
</tr>
<tr>
<td></td>
<td>of urine  collected:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>End time of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collection:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(24-hour clock)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Number of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>vials of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>urine:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#OF VIALS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Reason for</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>not</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collecting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>any specimen:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Was blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collected?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES.........................1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NO.................[Q26].................2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A............[INSTRUCTION].............6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Date of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collection:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(month)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Start</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>time of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collection:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(24-hour clock)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>Number of</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>collected:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#OF CARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Total number</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>of spots</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>filled on</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>all cards:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#OF SPOTS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Blood:**

20. Was blood collected?

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

21. Date of collection:

22. Start time of collection:

23. Number of cards collected:

24. Total number of spots filled on all cards:
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 (PERMSISSION NEEDED) ............3