

## APPENDIX II: Genetic Analysis of Primary Glomerular Diseases in Asia

### Shipping Checklist

(Use ONE form PER FAMILY)

(It may take 5 minutes to fill this checklist)

(Note: Do not send consent forms.)

#### FOR PROBAND AND FAMILY MEMBERS

Subject	(Paste Subject Code Labels below)	Samples (Note: blood samples should be ≥3ml)	Proof of histology
<b>PROBAND</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:
<b>Family member</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:
<b>Family member</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:
<b>Family member</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:
<b>Family member</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:
<b>Family member</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:
<b>Family member</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:
<b>Family member</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:
<b>Family member</b> Initials: Year of birth:		<input type="checkbox"/> Blood, no of tubes: <input type="checkbox"/> Saliva <input type="checkbox"/> Urine Consent for future storage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Histo slide, no of slides: <input type="checkbox"/> Paraffin block <input type="checkbox"/> Biopsy report <input type="checkbox"/> Digital photo <input type="checkbox"/> None / NA <input type="checkbox"/> Others:

*If there are more family members, please add a separate piece of paper.*

**PLEASE TICK AND CONFIRM THE FOLLOWING (where applicable):**

- The blood / saliva tubes are tightly capped.
- All items are labelled with the correct Subject Code Labels (with/without initials, no full names).
- All items do not contain the identity of the subjects.

*Family members*

- If samples from the same family have been sent previously, labels on the same sheet with the SAME Family Code are used.
- Samples from more family members will be sent in a later shipment: Expected month: \_\_\_\_\_

**Checked by:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please use the provided Fedex shipping account.  
Email jun\_li\_ng@nuhs.edu.sg if you have questions.  
Alternatively, you can Whatsapp Dr Ng Kar Hui at +65-98320836 for urgent matters.

Thank you.