

FOLLOW-UP BIOSPECIMEN COLLECTION

ID NUMBER:											
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FORM CODE: **BIF**
 VERSION: 1.0 02/24/2025 Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: This form should be completed during the participant's clinic visit.

Fasting Blood Collection:

- 1) Did you fast before today's appointment?
 No₀
 Yes₁

2) At what time did you last eat? : AM₁ / PM₂

Blood Collection:

3) Date of blood collection: / /

4) Time of blood collection: : AM₁ / PM₂

5) Number of venipuncture attempts: times

- 6) Any blood drawing incidents or problems?
 No₀ → **Go to 9**
 Yes₁

7) Blood drawing incidents: Document problems with venipuncture below. Place an "X" in the box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 8.

Note: Tube 6 is not being collected.

	Tube							
	1	2	3	4	5	6	7	8
7a) Sample Not Drawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7b) Partial Sample Drawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7c) Tourniquet Reapplied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d) Fist Clenching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7e) Needle Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7f) Participant Reclining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7g) Sample Re-drawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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8) If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here: _____

9) Phlebotomist's staff code:

Blood Processing: Please indicate the time each tube was processed.

10) Tube 1: Red Top 1 – Serum 8.5 mL

10a) Time processed: : AM₁ / PM₂

10b) Problems processing?

No₀ → **Go to 10c**

Yes₁

If Yes:

- 10b1) Broken Tube
- 10b2) Sample re-centrifuged
- 10b3) Clotted
- 10b4) Hemolyzed
- 10b5) Lipemic
- 10b6) Other

10b6a) If Other, please specify: _____

10c) Number of aliquots:

10d) Volume in last aliquot: μL

10e) Freezer box number:

10f) Time aliquots placed in freezer: : AM₁ / PM₂

11) Tube 2: Red Top 2 – Serum 8.5 mL

11a) Time processed: : AM₁ / PM₂

11b) Problems processing?

No₀ → **Go to 11c**

Yes₁

If Yes:

- 11b1) Broken Tube
- 11b2) Sample re-centrifuged
- 11b3) Clotted
- 11b4) Hemolyzed
- 11b5) Lipemic
- 11b6) Other

11b6a) If Other, please specify: _____

11c) Number of aliquots:

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11d) Volume in last aliquot:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	μL
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11e) Freezer box number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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11f) Time aliquots placed in freezer:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	AM ₁ / PM ₂
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12) Tube 3: Lavender Top 1 – Plasma-EDTA 10 mL

12a) Time processed:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	AM ₁ / PM ₂
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12b) Problems processing?

- No₀ → **Go to 12c**
- Yes₁

If Yes:

- 12b1) Broken Tube
- 12b2) Sample re-centrifuged
- 12b3) Clotted
- 12b4) Hemolyzed
- 12b5) Lipemic
- 12b6) Other

12b6a) If Other, please specify: _____

12c) Number of aliquots:

<input type="text"/>	<input type="text"/>
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12d) Volume in last aliquot:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	μL
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12e) Freezer box number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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12f) Time aliquots placed in freezer:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	AM ₁ / PM ₂
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13) Tube 4: Lavender Top 2 – Plasma-EDTA 10 mL

13a) Time processed:

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	AM ₁ / PM ₂
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13b) Problems processing?

- No₀ → **Go to 13c**
- Yes₁

If Yes:

- 13b1) Broken Tube
- 13b2) Sample re-centrifuged
- 13b3) Clotted
- 13b4) Hemolyzed
- 13b5) Lipemic
- 13b6) Other

13b6a) If Other, please specify: _____

13c) Number of aliquots:

<input type="text"/>	<input type="text"/>
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13d) Volume in last aliquot:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	μL
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13e) Freezer box number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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13f) Time aliquots placed in freezer:

: AM₁ / PM₂

14) Tube 5: Lavender Top 3 – CBC-EDTA 3 mL

14a) Time sent to clinical center lab:

: AM₁ / PM₂

Note: Item 15 (Tube 6) has been removed.

16) Tube 7: Blue Top 1 – PAXgene DNA 8.5 mL

16a) Time processed:

: AM₁ / PM₂

16b) Freezer box number:

16c) Volume in tube:

μL

17) Tube 8: Red Top 4 – PAXgene RNA 2.5 mL

17a) Time processed:

: AM₁ / PM₂

17b) Freezer box number:

17c) Volume in tube:

μL

Urine Sample Collection:

18) Was a urine sample collected?

No₀ → **Go to 25**

Yes₁

19) Date of urine sample:

/ /

20) Time urine sample was collected:

: AM₁ / PM₂

21) Time urine sample was processed:

: AM₁ / PM₂

22) Number of aliquots with preservative:

23) Number of aliquots without preservative:

24) Time urine samples were placed in freezer:

: AM₁ / PM₂

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Nasal Swab Collection:

24a) Was the nasal swab biospecimen collected?

No₀ → **Go to 25**

Yes₁

24b) # of nasal swabs performed in the right naris?

24c) # of nasal swabs performed in the left naris?

24d) Collection Time:

: AM₁ / PM₂

BIO29 25) Is this patient able to become pregnant?

No₀ → **Go to 27**

Yes₁

BIO30 26) Pregnancy test requested?

No₀ → **Go to 27**

Yes₁

BIO30a 26a) Was the participant pregnant?

No₀

Yes₁

BIO31 27) Processing staff code:

BIO32 28) Comments on blood, urine, nasal swab, and/or CBC collection and/or processing:

END OF FORM