BIOSPECIMEN COLLECTION FORM

ID NUMBER:								

FORM CODE: BIO
VERSION: 4.0 05/22/2018

Event:_____

0a) Date of Collection ☐☐/☐☐/☐☐☐☐ 0b) Staff Code ☐☐☐

Instructions: *This form should be completed during the participant's clinic visit. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes.*

Fasting Blood Collection:

1) Did you fast before today's appointment?
- ☐ No$_0$
- ☐ Yes$_1$

2) At what time did you last eat? ☐☐:☐☐ AM/PM

Blood Collection:

3) Date of blood collection: ☐☐/☐☐/☐☐☐☐

4) Time of blood collection: ☐☐:☐☐ AM/PM

5) Number of venipuncture attempts: ☐ times

6) Any blood drawing incidents or problems?
- ☐ No$_0$ → **Go to 9**
- ☐ Yes$_1$

7) Blood drawing incidents: Document problems with venipuncture below. Place an "X" in 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.

	Tube								
	1	2	3	4	5	6	7	8	9
a) Sample not drawn	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Partial sample drawn	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) Tourniquet reapplied	☐	☐	☐	☐	☐	☐	☐	☐	☐
d) Fist clenching	☐	☐	☐	☐	☐	☐	☐	☐	☐
e) Needle movement	☐	☐	☐	☐	☐	☐	☐	☐	☐
f) Participant reclining	☐	☐	☐	☐	☐	☐	☐	☐	☐
g) Sample re-drawn	☐	☐	☐	☐	☐	☐	☐	☐	☐

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

10a) Time Processed: ☐☐:☐☐ AM/PM

10b) Problems Processing?

☐ No$_0$ → **Go to 10c**

☐ Yes$_1$

If Yes:

☐Broken Tube
☐Sample re-centrifuged
☐Clotted
☐Hemolyzed
☐Lipemic
☐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: ☐☐:☐☐ AM/PM

11) Tube 2: Red Top 2 – Serum

11a) Time Processed: ☐☐:☐☐ AM/PM

11b) Problems Processing?

☐ No$_0$ → **Go to 11c**

☐ Yes$_1$

If Yes:

☐Broken Tube
☐Sample re-centrifuged
☐Clotted
☐Hemolyzed
☐Lipemic
☐Other

11b6a. If Other, please specify: _____

11c) Number of Aliquots: ☐

11d) Volume in last aliquot: ☐☐☐☐ µL

11e) Freezer box number: ☐☐☐☐

11f) Time aliquots placed in freezer: ☐☐:☐☐ AM/PM

12) Tube 3: Yellow Top 1 – Plasma-ACD

12a) Time Processed: ☐☐:☐☐ AM/PM

12b) Problems Processing?

☐ No$_0$ → **Go to 12c**

☐ Yes$_1$

If Yes:

☐Broken Tube
☐Sample re-centrifuged
☐Clotted
☐Hemolyzed
☐Lipemic
☐Other

12b6a. If Other, please specify: _____

12c) Number of Aliquots: ☐

12d) Volume in last aliquot: ☐☐☐☐ µL

12e) Freezer box number: ☐☐☐☐

12f) Time aliquots placed in freezer: ☐☐:☐☐ AM/PM

13) Tube 4: Lavender Top 1 – Plasma-EDTA 10ml

13a) Time Processed: ☐☐:☐☐ AM/PM

13b) Problems Processing?

☐ No$_0$ → **Go to 13c**

☐ Yes$_1$

If Yes:

☐Broken Tube
☐Sample re-centrifuged
☐Clotted
☐Hemolyzed
☐Lipemic
☐Other

13b6a. If Other, please specify: _____

13c) Number of Aliquots: ☐

13d) Volume in last aliquot: ☐☐☐☐ µL

13e) Freezer box number: ☐☐☐☐

13f) Time aliquots placed in freezer: ☐☐:☐☐ AM/PM

14) Tube 5: Lavender Top 2 – Plasma/cell lysate-EDTA 10ml

14a) Time Processed: ☐☐:☐☐ AM/PM

14b) Problems Processing?

☐ No$_0$ → **Go to 14c**

☐ Yes$_1$

If Yes:

☐Broken Tube
☐Sample re-centrifuged
☐Clotted
☐Hemolyzed
☐Lipemic
☐Other

14b6a. If Other, please specify: _____

14c) Number of Aliquots: ☐

14d) Volume in last aliquot: ☐☐☐☐ µL

14e) Freezer box number: ☐☐☐☐

14f) Time aliquots placed in freezer: ☐☐:☐☐ AM/PM

15) Tube 6: Lavender Top 3 – CBC 4ml

15a) Time sent to clinical center lab: ☐☐:☐☐ AM/PM

16) Tube 7: P100 – Plasma P100

16a) Time Processed: ☐☐:☐☐ AM/PM

16b) Problems Processing?

☐ No$_0$ → **Go to 16c**

☐ Yes$_1$

If Yes:

☐Broken Tube
☐Sample re-centrifuged
☐Clotted
☐Hemolyzed
☐Lipemic
☐Other

16b6a. If Other, please specify: _____

16c) Number of Aliquots: ☐

16d) Volume in last aliquot: ☐☐☐☐ µL

16e) Freezer box number: ☐☐☐☐

16f) Time aliquots placed in freezer: ☐☐:☐☐ AM/PM

17) Tube 8: PAX Gene – RNA

17a) Time Processed: ☐☐:☐☐ AM /PM

BIO18d 17b) Freezer box number: ☐☐☐☐

17c1) Volume in tube ☐☐☐☐☐ µl

Urine Sample Collection:

BIO19 18) Was a urine sample collected?

☐No 0 → **Go to 25**

☐Yes 1

BIO20 19) Date of urine sample: ☐☐/☐☐/☐☐☐☐

BIO21 20) Time urine sample was collected: ☐☐:☐☐ AM /PM

BIO22 21) Time urine sample was processed: ☐☐:☐☐ AM /PM

BIO23 22) Number of aliquots with preservative: ☐☐

BIO24 23) Number of aliquots without preservative: ☐☐

BIO25 24) Time urine samples were placed in freezer: ☐☐:☐☐ AM /PM

25) Is this patient able to become pregnant?

☐No 0 → **Go to 27**

☐Yes 1

26) Pregnancy test requested?

☐No 0 → **Go to 27**

☐Yes 1

26a) Was the participant pregnant?

☐No 0

☐Yes 1

27) Processing staff code: ☐☐☐

28) Comments on blood, urine, and/or CBC collection and/or processing: _____

END OF FORM