

FOLLOW-UP BIOSPECIMEN COLLECTION FORM

ID NUMBER:

FORM CODE: BIF
VERSION: 1.0 04/06/2023 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.

	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"/>

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

ID NUMBER:									
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Event: _____

9) Phlebotomist's staff code:

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

10) Tube 1: Red Top 1 – Serum 8.5 mL

10a) Time processed:

		:			AM ₁ / PM ₂
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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:

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10d) Volume in last aliquot:

				μL
--	--	--	--	----

10e) Freezer box number:

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10f) Time aliquots placed in freezer:

		:			AM ₁ / PM ₂
--	--	---	--	--	-----------------------------------

11) Tube 2: Red Top 2 – Serum 8.5 mL

11a) Time processed:

		:			AM ₁ / PM ₂
--	--	---	--	--	-----------------------------------

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:

--	--

11d) Volume in last aliquot:

				μL
--	--	--	--	----

11e) Freezer box number:

--	--	--	--

11f) Time aliquots placed in freezer:

		:			AM ₁ / PM ₂
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ID NUMBER:									
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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

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, and/or CBC collection and/or processing:

END OF FORM