SOURCE
SPIROMICS Study of Early COPD Progression

BIOSPECIMEN COLLECTION FORM

ID NUMBER:									

FORM CODE: BIO
VERSION: 1.0 06/24/2021

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?
- ☐ No$_0$
- ☐ Yes$_1$

2) At what time did you last eat? ☐☐:☐☐ AM$_1$ / PM$_2$

Blood Collection:

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

4) Time of blood collection: ☐☐:☐☐ AM$_1$ / PM$_2$

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 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	☐	☐	☐	☐	☐	☐	☐	☐
7b) Partial Sample Drawn	☐	☐	☐	☐	☐	☐	☐	☐
7c) Tourniquet Reapplied	☐	☐	☐	☐	☐	☐	☐	☐
7d) Fist Clenching	☐	☐	☐	☐	☐	☐	☐	☐
7e) Needle Movement	☐	☐	☐	☐	☐	☐	☐	☐
7f) Participant Reclining	☐	☐	☐	☐	☐	☐	☐	☐
7g) 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 8.5 mL

10a) Time processed: ☐☐:☐☐ AM_1 / PM_2

10b) Problems processing?

☐ No_0 → **Go to 10c**

☐ Yes_1

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: ☐☐:☐☐ AM_1 / PM_2

11) Tube 2: Red Top 2 – Serum 8.5 mL

11a) Time processed: ☐☐:☐☐ AM_1 / PM_2

11b) Problems processing?

☐ No_0 → **Go to 11c**

☐ Yes_1

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

12) Tube 3: Lavender Top 1 – Plasma-EDTA 10 mL

12a) Time processed: ☐☐:☐☐ AM_1 / PM_2

12b) Problems processing?

☐ No_0 → **Go to 12c**

☐ Yes_1

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: ☐☐

12d) Volume in last aliquot: ☐☐☐☐ µL

12e) Freezer box number: ☐☐☐☐

12f) Time aliquots placed in freezer: ☐☐:☐☐ AM_1 / PM_2

13) Tube 4: Lavender Top 2 – Plasma-EDTA 10 mL

13a) Time processed: ☐☐:☐☐ AM_1 / PM_2

13b) Problems processing?

☐ No_0 → **Go to 13c**

☐ Yes_1

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: ☐☐

13d) Volume in last aliquot: ☐☐☐☐ µL

13e) Freezer box number: ☐☐☐☐

13f) Time aliquots placed in freezer: ☐☐:☐☐ AM_1 / PM_2

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

14a) Time sent to clinical center lab: ☐☐:☐☐ AM_1 / PM_2

15) Tube 6: Red Top 3 – P100 Plasma 8.5 mL

15a) Time processed: ☐☐:☐☐ AM_1 / PM_2

15b) Problems processing?

☐ No_0 → **Go to 15c**

☐ Yes_1

If Yes:

15b1) ☐ Broken Tube
15b2) ☐ Sample re-centrifuged
15b3) ☐ Clotted
15b4) ☐ Hemolyzed
15b5) ☐ Lipemic
15b6) ☐ Other

15b6a) If Other, please specify: _____

15c) Number of aliquots: ☐☐

15d) Volume in last aliquot: ☐☐☐☐ µL

15e) Freezer box number: ☐☐☐☐

15f) Time aliquots placed in freezer: ☐☐:☐☐ AM_1 / PM_2

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

16a) Time processed: ☐☐:☐☐ AM_1 / PM_2

16b) Freezer box number: ☐☐☐☐

16c) Volume in tube: ☐☐☐☐☐ µL

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

17a) Time processed: ☐☐:☐☐ AM_1 / PM_2

BIO18d 17b) Freezer box number: ☐☐☐☐

17c) 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_1 / PM_2

BIO22 21) Time urine sample was processed: ☐☐:☐☐ AM$_1$ / PM$_2$

BIO23 22) Number of aliquots with preservative: ☐☐

BIO24 23) Number of aliquots without preservative: ☐☐

BIO25 24) Time urine samples were placed in freezer: ☐☐:☐☐ AM$_1$ / PM$_2$

Nasal Swab Collection:

NSC1 25) Was the nasal swab biospecimen collected?

☐ No$_0$ → **Go to 29**

☐ Yes$_1$

NSC2 26) # of nasal swabs performed in the right naris? ☐

NSC3 27) # of nasal swabs performed in the left naris? ☐

NSC4 28) Collection Time: ☐☐:☐☐ AM$_1$ / PM$_2$

29) Is this patient able to become pregnant?

☐ No$_0$ → **Go to 31**

☐ Yes$_1$

30) Pregnancy test requested?

☐ No$_0$ → **Go to 31**

☐ Yes$_1$

30a) Was the participant pregnant?

☐ No$_0$

☐ Yes$_1$

31) Processing staff code: ☐☐☐

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

_____

_____

_____

END OF FORM