## Venipuncture Form

**ID Number:**  
**Contact Year:** 01  
**Form Code:**  
**Version:** A 21-01  
**Last Name:**  
**Initials:**  
**Instrucitons:**  

This form should be completed during the participant's visit. ID number, contact year, and name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Blank leading zeroes were necessary to fill all boxes.  
If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the best appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.  

### Blood Drawing

1. Do you have any bleeding disorders?  
   - **Yes**  
   - **No**  
   - **Don't know**  

2. Date of blood drawing:  
   - Month  
   - Day  
   - Year  

3. Time of blood drawing:  
   - AM  
   - PM  

4. Was blood drawn before the snack?  
   - **Yes**  
   - **No**  

5. Number of venipuncture attempts:  
   -  

6. Filling time of tube 1:  
   - **Seconds**  

7. Code number of phlebotomist completing this session:  
   -  

### Blood Processing

8. Time specimen tubes 1,2 were spun:  
   - AM  
   - PM  

9. Time specimen tubes 1,3 were spun:  
   - AM  
   - PM  

10. Was the specimen visibly hemolyzed?  
   - **Yes**  
   - **No**  

11. Time specimen was placed in freezer:  
   - AM  
   - PM  

### Comments:

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**C. Administrative Information**

12. Code number of technician processing the blood:  
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**D.W.B. 0413-0281 A-015**  
**exp:** 11/93