Atherosclerosis Risk in Communities

VENIPUNCTURE FORM

ID NUMBER: ______________ CONTACT YEAR: 07 FORM CODE: VEN VERSION: C 02/23/93
LAST NAME: ______________ INITIALS: ______________

Public reporting burden for this collection of information is estimated to average 4 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have comments regarding this burden, please send them to Attention: PRA Reports Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201, and to the Paperwork Reduction Project (0925-0281), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INSTRUCTIONS: This form should be completed on paper during the participant's visit.

A. BLOOD DRAWING

1. Do you have any bleeding disorders? ....... Yes Y No N Don't Know D

If Yes, specify in Item 13.

2. Date of blood drawing: ................. [month] / [day] / [year]

3.a. Time of blood drawing: ................. [h] : [m]

b. AM or PM: .................................. AM A PM P

4. Was all blood drawn before the snack? ............... Yes Y No N

If No, specify non-fasting tubes on page 3.

5. Number of venipuncture attempts: ....................

6. Filling time of Tube 1: ..................... [seconds]

7. Was the tourniquet reapplied?  
   Yes Y  
   No N

   If Yes, specify on page 3.

8. Code number of phlebotomist:  

B. BLOOD PROCESSING

9.a. Time at which specimen Tubes 2-7 were spun:  
   hh : mm

   AM or PM:  
   AM A
   PM P

b. AM or PM:  

10.a. Time at which specimen Tube 1 was spun:  
   hh : mm

   AM or PM:  
   AM A
   PM P

11.a. Time at which specimens were placed in freezer:  
   hh : mm

   AM or PM:  
   AM A
   PM P

12. Code number of technician processing the blood:  

13. Comments on blood drawing/processing:  
   Yes Y  
   No N

   If Yes, Specify: 

14. Paper Incident Record (page 3) used?  
   Yes Y  
   No N

<table>
<thead>
<tr>
<th>Tubes</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<td>1. Sample not drawn</td>
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<td>2. Partial sample drawn</td>
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<td>3a. Tourniquet reapplied</td>
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<td>3b. Fist Clenching</td>
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<td>4. Needle movement</td>
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5. Phlebotomist code: __ __ __

6. Other problems in blood drawing: __________________________

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<thead>
<tr>
<th>Tubes</th>
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<tr>
<td>7. Broken tube</td>
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<td>10. Lipemic</td>
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<td>11. Other Contamination</td>
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13. Other problems in blood processing: __________________________

14. Date of procedures: ___ / ___ / ___.

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