



## HCHS /SOL PHANTOM FORM

<b>PHANTOM ID NUMBER:</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Contact Occasion:

02	SEQ #	00
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FORM CODE: PHT  
VERSION: 1, 12/10/2013

**Instructions:** This form should be completed during participants' visit. Affix the PHANTOM HCHS ID label above. Affix the matching PARTICIPANT HCHS ID labels for the corresponding QC blood sample or urine specimen below. Note: Lab IDs will be linked through the corresponding Laboratory Collection form for each Participant ID, including the Phantom ID.

1. Date phantom ID assigned: .....   /   /       
M M D D Y Y Y Y 1a. LAB ID#:  
**Affix Spec.Label**
2. Code number of person assigning phantom ID: ...

PROCEDURE	MATCHING PARTICIPANT HCHS ID#	DATE COLLECTED (MM / DD / YYYY)	TECHNICIAN ID
<b><u>Blood Samples</u></b> 3. Tubes 1 & 2 - 9 mL red-stoppered (serum)			
4. Tube 3 - 4 mL lavender-stoppered (EDTA)			
5. Tubes 4 & 5 - 10 mL lavender-stoppered (EDTA)			
6. Tubes 6 & 7 - 4.5 mL blue-stoppered (Citrate)			
7. Tube 8 (only for OGTT ppts) - 4 mL lavender-stoppered (EDTA)			
<b><u>Urine Specimen</u></b> 8.			
<b><u>Echocardiography Repeat Examination</u></b> 9.			