Venipuncture

INSTRUCTIONS: This form should be completed on paper during the participant’s clinic visit. Verify the participant’s Name and ID Number before beginning the interview or procedure. If a number or response is entered incorrectly, mark through the incorrect entry with an “X”. Code the correct entry clearly above the incorrect entry.

A. BLOOD DRAWING

1. Lab ID: ………………………

2. Do you have any bleeding disorders? ……………………………….  Yes Y
   No N
   Don’t know D

[IF YES, REVIEW SPECIAL PRECAUTIONS AND SPECIFY IN ITEM 24.]

3a. Date of blood draw: ………..  m m d d y y y y

3b. Time of blood draw:  h h m m

3c. AM A  PM P

4. Number of venipuncture attempts: …………………………………………

ID NUMBER:  CONTACT YEAR:

LAST NAME:  INITIALS:
[THIS ITEM IS COMPLETED TO DOCUMENT PROBLEMS WITH THE VENIPUNCTURE. PLACE AN “X” IN BOXES CORRESPONDING TO THE TUBES IN WHICH BLOOD DRAWING PROBLEMS OCCURRED. IF A PROBLEM OTHER THAN THOSE LISTED OCCURRED, USE ITEM 5f.]

<table>
<thead>
<tr>
<th>Blood Drawing Incidents:</th>
<th>Tubes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
</tr>
<tr>
<td>5a. Samples not drawn</td>
<td></td>
</tr>
<tr>
<td>5b. Partial sample drawn</td>
<td></td>
</tr>
<tr>
<td>5c. Tourniquet reapplied</td>
<td></td>
</tr>
<tr>
<td>5d. Fist clenching</td>
<td></td>
</tr>
<tr>
<td>5e. Needle movement</td>
<td></td>
</tr>
<tr>
<td>5f. Other problems in blood drawing:</td>
<td></td>
</tr>
<tr>
<td>6. Phlebotomist technician code:</td>
<td></td>
</tr>
</tbody>
</table>

**B. CENTRIFUGING**

7a. Were tubes 1 and 2 drawn? ......................................... Yes, both B

Yes, tube 1 only O

Go to Item 8a

No N

7b. Time at which specimen tubes 1 and 2 were centrifuged? ...........

7c. AM A

PM P
8a. Were tubes 3 and 4 drawn? ..................................................  Yes, both  B
   Yes, tube 3 only  O
   No  N
   
   Go to Item 9a

8b. Time at which specimen tubes 3 and 4 were centrifuged? ..........  8c. AM  A
   h    h    m    m  PM  P

9a. Were tubes 5 and 6 drawn? ..................................................  Yes, both  B
   Yes, tube 5 only  O
   No  N
   
   Go to Item 10a

9b. Time at which specimen tubes 5 and 6 were centrifuged? ...........  9c. AM  A
   h    h    m    m  PM  P

10a. Was tube 11 drawn? ..........................................................  Yes  Y
   
   Go to Item 11

10b. Time at which specimen tube 11 was centrifuged? .................  10c. AM  A
   h    h    m    m  PM  P
C. PREPARING MICROVIALS

11. How many micro vials were prepared from tubes 1 and 2? .......................................................... 

12. How many micro vials were prepared from tubes 3 and 4? .......................................................... 

13. How many micro vials were prepared from tubes 5 and 6? .......................................................... 

14. How many micro vials were prepared from tube 11? .......................................................... 

D. FREEZING

15a. Time at which specimens from tubes 1 and 2 were placed into –70°C freezer? .......... 15b. AM A

16a. Time at which specimens from tube 3 were placed into –70°C freezer? ................. 16b. AM A

17a. Time at which specimens from tubes 5 and 6 were placed into –70°C freezer? ....... 17b. AM A

18a. Time at which specimens from tubes 4 and 11 were placed into –70°C freezer? ..... 18b. AM A
E. ALL OTHER TUBES

19. Were tubes 7 and 8 drawn? ........................................ Yes, both B

Yes, tube 7 only O

No N

20. Were tubes 9 and 10 drawn? ...................................... Yes, both B

Yes, tube 9 only O

No N

21. Was tube 12 drawn? ...................................................... Yes Y

No N

22. Processing technician code: ........................................... [ ] [ ] [ ]
[THIS ITEM IS COMPLETED TO DOCUMENT PROBLEMS PROCESSING THE SPECIMENS. PLACE AN “X” IN BOXES CORRESPONDING TO THE TUBES IN WHICH PROCESSING PROBLEMS OCCURRED. IF A PROBLEM OTHER THAN THOSE LISTED OCCURRED, USE ITEM 23f.]

### Blood Processing Incidents:

<table>
<thead>
<tr>
<th>Tubes</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>23a.</td>
<td>Broken tube</td>
<td></td>
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<tr>
<td>23b.</td>
<td>Clotted</td>
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<tr>
<td>23c.</td>
<td>Hemolyzed</td>
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<tr>
<td>23d.</td>
<td>Lipemic</td>
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<tr>
<td>23e.</td>
<td>Other contamination</td>
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</table>

23f. Other problems in blood processing:

24. Comments on blood drawing/processing:

### F. ADMINISTRATIVE INFORMATION

25. Method of data collection: _________________________________  Computer  C

                            Paper form  P