Venipuncture Form Instructions  
VEN Version A, 10/31/2000  
QxQ Date 02/23/2001

I GENERAL INSTRUCTIONS

The JHS Venipuncture (VEN) form is completed during the participant's baseline clinic visit to record information on the collection and processing of blood samples. Technicians performing venipuncture and processing the blood samples must be certified and should have a working knowledge of the relevant Manuals of Operations. Technicians should also be familiar with the data entry procedures for electronic version forms and understand the document entitled “General Instructions for Completing Paper Forms” prior to completing this form. ID Number, Contact Year, and Name should be completed, as described in the document, prior to the arrival of the participant.

II SPECIFIC INSTRUCTIONS

A. Fasting Blood Drawing

1. Enter Lab ID

2. If the participant has a bleeding disorder, consult with the physician or nurse practitioner before proceeding with the venipuncture. If the participant does not know whether s/he has a bleeding disorder, offer the explanation: “If you have a bleeding disorder you would have symptoms like excessive nose bleeds, or very easy bruising, or problems with bleeding after tooth extractions, or any type of surgery.” If the participant is still unsure, consult with Exam Center medical personnel before going on. Specify any bleeding disorders as briefly as possible in item 12.

3a. Note the date of blood drawing on the form. Code in numbers using leading zeroes where necessary to fill all fields.

3b. Note the time of venipuncture on the form. This is the time when the vein is punctured. Fill in the fields using leading zeroes where necessary and indicate AM or PM. Check the Participant’s Itinerary Form (PIN), or ask the participant if s/he has had the clinic snack.

4. Include all venipuncture attempts by all phlebotomists. The same technician should not attempt venipuncture more than twice.

5. Enter comments in log box noting specified items in venipuncture incident log.
6. The phlebotomist who performed the fasting blood drawing procedure enters her/his code number in the fields provided. If more than one phlebotomist attempts to draw the blood, enter the code of the first phlebotomist.

**B. Blood Processing**

**B-1. Centrifuging**

7. a. Note whether tubes 1 and 2 were drawn.
   b. Note the time at which the centrifuge containing these tubes began to spin. Fill in the fields using leading zeroes where necessary and indicate A.M. or P.M.

8. a. Note whether tubes 3 and 4 were drawn.
   b. Note the time at which the centrifuge containing this tube began to spin. Fill in the fields using leading zeroes where necessary and indicate A.M. or P.M.

9. a. Note whether tubes 5 and 6 were drawn.
   b. Note the time at which the centrifuge containing this tube began to spin. Fill in the fields using leading zeroes where necessary and indicate A.M. or P.M.

10. a. Note whether tube 11 was drawn.
    b. Note the time at which the centrifuge containing this tube began to spin. Fill in the fields using leading zeroes where necessary and indicate A.M. or P.M.

**B-2. Preparing Microvials**

11. Note number of microvials prepared from tube 1 and 2.

12. Note number of microvials prepared from tube 3 and 4.

13. Note number of microvials prepared from tube 5 and 6.

14. Note number of microvials prepared from tube 7.

**B-3. Freezing**

15. Note the time at which specimens 1 and 2 were placed in the freezer. Fill in the fields with leading zeros where necessary and indicate A.M. or P.M.

16. Note the time at which the specimen 3 was placed in the freezer. Fill in the fields with leading zeros where necessary and indicate A.M. or P.M.
17. Note the time at which the specimens 5 and 6 were placed in the freezer. Fill in the fields with leading zeros where necessary and indicate A.M. or P.M.

18. Note the time at which the specimens 4 and 11 were placed in the freezer. Fill in the fields with leading zeros where necessary and indicate A.M. or P.M.

**B-4. All Other Tubes**

19. Note whether tubes 7 and 8 were drawn.

20. Note whether tubes 9 and 10 were drawn.

21. Note whether tube 12 was drawn.

22. Enter the code number of the technician who began processing the blood.

23. Enter comments on blood processing in log boxes noting specified items in blood processing incident log.

24. Enter any other comments on blood drawing or blood processing.

**Administrative Information**

25. Record “C” if the form was completed on the computerized data entry system, or “P” if the paper form was used. If the form was partially completed on paper and partially on computer, code as “P.”