



# BHFU BIOSPECIMEN COLLECTION FORM

ID NUMBER: [ ][ ][ ][ ][ ][ ][ ][ ]

FORM CODE: B I A X

DATE: 11/7/2022  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]  
Month Day Year

0b. Staff ID: [ ][ ][ ]

0c. Indicate which biospecimen is being collected:

ANX 6M.....  B

ANX Y3 .....  E

ANX 6M refused .....  C → **Save and Close form**

ANX Y3 refused .....  N → **Save and Close form**

**Instructions:** This form should be completed at least two times during the study. The ANX 6-Month and ANX Year 3 visits are ideal but blood can be collected at other times if necessary, as long as one sample is collected near the beginning of the study and one sample closer to the end. Biospecimen is collected from the de novo ACHIEVE participants only.

## A. BLOOD DRAWING

1. Do you have any bleeding disorders other than easy bruising which is often caused by medications like aspirin or Plavix?

Yes.....  Y

No .....  N → **Go to Item 2**

a. Please specify the nature of the bleeding disorder:

\_\_\_\_\_  
\_\_\_\_\_

2. When was the last time you ate or drank anything other than water? [ ][ ] : [ ][ ]  
H H M M

3. Time of blood draw..... [ ][ ] : [ ][ ]  
H H M M

a. Fasting at least 8 hours?

Yes.....  Y

No .....  N

4. Number of venipuncture attempts: ..... [ ]

5. Code number of phlebotomist: ..... [ ][ ][ ]

a. Code number of assistant:..... [ ][ ][ ]

6. Any blood drawing incidents or problems?

Yes.....  Y

No .....  N → **Go to Item 8**

[Blood drawing incidents: Document problems with venipuncture in this table. If a problem other than those listed occurred, use Item 7.]

	Y	N
a. Sample not drawn	<input type="checkbox"/>	<input type="checkbox"/>
b. Partial sample drawn	<input type="checkbox"/>	<input type="checkbox"/>
c. Tourniquet reapplied	<input type="checkbox"/>	<input type="checkbox"/>
d. Fist clenching	<input type="checkbox"/>	<input type="checkbox"/>
e. Needle movement	<input type="checkbox"/>	<input type="checkbox"/>
f. Participant reclining	<input type="checkbox"/>	<input type="checkbox"/>

7. If any other blood drawing problems not listed above, describe incident or problem here:

---



---



---

8. Is the blood sample able to be processed?

Yes.....  Y

No .....  N → **Close form; use next occurrence for future sample**

**B. BLOOD PROCESSING**

9. Time specimen was spun:.....  :   
H H M M

10. Time specimen was placed in freezer: .....  :   
H H M M

11. Any blood processing incidents or problems?

Yes.....  Y

No .....  N → **Go to Item 13a**

[Blood processing incidents: Document problems with the processing of specimens in this table. If a problem other than those listed occurred, use Item 12]

	Y	N
a. Broken tube.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Clotted.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Hemolyzed .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Lipemic.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Other .....	<input type="checkbox"/>	<input type="checkbox"/>

12. Comments on blood processing or other problems in blood processing:

---

---

---

13. a. Technician ID for processing blood specimens:.....

b. Technician ID for processing blood specimens:.....

c. Technician ID for processing blood specimens: .....

14. Is the blood sample able to be shipped?

Yes.....  Y

No .....  N → **Close form; use next occurrence for future sample**