BIO10- Biospecimen Collection Form

ID NUMBER: ___________ FORM CODE: B I O 1 0 DATE: 12/20/2022 Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ___________/_________/_________ 0b. Staff ID: ___________

0c. Selected for additional phantom tube? ___________

0d. Visit Type: Clinic…………………………………..…… C
Home/ Long Term Care Facility…………… H

Instructions: This form should be completed during the participant’s clinic or home visit.

A. URINE SAMPLE

1. Urine sample collected?

   Yes .................................................... Y
   No ................................................... N → Go to Item 5

2. Time of urine sample: ___________/_________:

B. URINE PROCESSING

3. Volume adequate for processing? ........

   Yes (≥ 10mL)……………………… Y
   Yes (< 10 mL but at least 5 mL)…… B
   No (<5 mL, discard)……………… N → Go to Item 5

4. Technician ID for urine sample: ___________

C. BLOOD DRAWING

5. 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 6

   a. Please specify the nature of the bleeding disorder:

   ____________________________________________
   ____________________________________________
6. When was the last time you ate or drank anything other than water? □ □ : □ □

7. Time of blood draw: □ □ : □ □

   7a. Fasting at least 8 hours?
       Yes: □ Y
       No: □ N

8. Number of venipuncture attempts: .....

   8a. Was at least one tube able to be partially or fully drawn?
       Yes: □ Y → Go to Item 9
       No: □ N

   8b. Why not?
       Refused: □ R
       Veins difficult to access: □ V
       Participant dehydrated: □ P
       Other: □ O

9. Code number of phlebotomist: □ □ □

   a. Code number of assistant: □ □ □

10. Any blood drawing incidents or problems?

    Yes: □ Y → Go to Item 12
    No: □ N → Go to Item 12

[Blood drawing incidents: Document problems with venipuncture in this table. Place an “X” in box(es) corresponding to the tubes in which the blood drawing problem(s) occurred. If a problem other than those listed occurred, use Item 11.]

<table>
<thead>
<tr>
<th>Tube</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sample not drawn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Partial sample drawn</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Tourniquet reapplied</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. Fist clenching</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>e. Needle movement</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>f. Participant reclining</td>
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</tr>
</tbody>
</table>
11. If any other blood drawing problems not listed above (e.g., fasting status, etc.), describe incident or problem here:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

D. BLOOD PROCESSING

12. Time specimen tubes 2, 3 and 4 were spun: .................... H H M M

13. Time specimen tube 1 was spun: ................................ H H M M

14. Time specimens from tubes 1, 2, 3 and 4 were placed in freezer: ...................... H H M M

15. Any blood processing incidents or problems?
   Yes .................................................... Y
   No ..................................................... N → Go to Item 17a

[Blood processing incidents: Document problems with the processing of specimens in this table. Place an “X” in box(es) corresponding to the tubes in which the processing problem(s) occurred. If a problem other than those listed occurred, use Item 16.]

<table>
<thead>
<tr>
<th>Tube</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Broken tube</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Clotted</td>
<td></td>
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<tr>
<td>c. Hemolyzed</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>d. Lipemic</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>e. Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

16. Comments on blood processing or other problems in blood processing: (attach a sheet if needed)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

17. a. Technician ID for processing blood specimens: ....................
    b. Technician ID for processing blood specimens: ....................
    c. Technician ID for processing blood specimens: ....................