BIOSPECIMEN COLLECTION FORM

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

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 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: ☐☐:☐☐ (H H : M M)

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? ☐☐:☐☐ (H H : M M)

7. Time of blood draw……..☐☐:☐☐ (H H : M M)

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
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*.]

	Tube 1	2	3	4	5
a. Sample not drawn	☐	☐	☐	☐	☐
b. Partial sample drawn	☐	☐	☐	☐	☐
c. Tourniquet reapplied	☐	☐	☐	☐	☐
d. Fist clenching	☐	☐	☐	☐	☐
e. Needle movement	☐	☐	☐	☐	☐
f. Participant reclining	☐	☐	☐	☐	☐

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*.]

	Tube 1	2	3	4
a. Broken tube	☐	☐	☐	☐
b. Clotted	☐	☐	☐	☐
c. Hemolyzed	☐	☐	☐	☐
d. Lipemic	☐	☐	☐	☐
e. Other	☐	☐	☐	☐

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: ..... ☐☐☐