



BIOSPECIMEN COLLECTION FORM

ID NUMBER:

FORM CODE: BIO11

DATE: 01/16/2024
Version 1.0

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?

YesY

NoN → **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:

4a. Time of urine processing: :
H H M M

4b. Time urine specimens were placed in freezer: :
H H M M

4c. Number of urine aliquots yielded after processing: _____

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:

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clotted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hemolyzed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lipemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:.....

18. Did the blood specimens yield a complete aliquot set after processing?

A complete aliquot set is defined as 8 serum aliquots, 4 EDTA + BHT plasma aliquots, 12 EDTA plasma aliquots, 3 buffy coat aliquots, and 2 whole blood aliquots.

Yes Y → **Go to Question 19**

No N

Indicate the number of aliquots yielded after processing:

- a. Serum _____
- b. EDTA + BHT Plasma _____
- c. EDTA Plasma _____
- d. Buffy Coat _____
- e. Whole Blood _____

19. Was one serum aliquot labeled for C4R use?

Yes Y

No N