ADMINISTRATIVE INFORMATION

0a. Completion Date: __/__/____ 0b. Staff ID: ________

0c. Selected for additional phantom tube? ______________

0d. Visit Type:  

- Clinic:______________
- Home/ Long Term Care Facility:_____ 

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: ________

4a. Time of urine processing: __:__

4b. Time urine specimens were placed in freezer: __:__

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? □ □ □ □: □ □ □ □

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

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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Fist clenching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Needle movement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Participant reclining</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</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 \(\rightarrow\) 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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Hemolyzed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Lipemic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</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: ............. ...........

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 \(\rightarrow\) 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